MARYLAND MEDICAL LABORATORY INC.

Main Office: Pathology Building
1901 Sulphur Spring Road, P.O. Box 24080
Baltimore, Maryland 21227-0580

BALTO. AREA (301) 247-9100 / WASH. AREA (301) 596-0560

PATHOLOGISTS:
SELVIN PASSEN, M.D.
DIRECTOR OF LABORATORIES
W. BRADLEY KING, JR., M.D.
KENNETH L. MUMMERT, M.D.
WILLIAM R. WEISBURGER, M.D.
ROBERT R.L. SMITH, M.D.

CLINICAL CHEMISTS:
JACOB M. SCHORR, Ph.D.
HAROLD J. KISNER, Ph.D.

TOXICOLOGISTS:
YALE H. CAPLAN, Ph.D.
DAVID L. BLACK, Ph.D.

VIROLOGISTS/IMMUNOLOGISTS:
WILLIAM A. MEYER, III, Ph.D.
HELENE M. PAXTON, M.A., M.T. (ASCP)

PHYSICIAN

NORTH ARUNDEL CARDIAC
FITNESS & CARDIAC REHAB.
CENTER
200 HOSPITAL DRIVE
GLEN BURNIE MD 21061

PATIENT

ONEILL,JOHN

(C-1)

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	
ONEILL,JOHN	11/22/85	33	M	A85726936	LABORATORY REPORT

CLINICAL MICROSCOPY:

COLOR-------	YELLOW-MODERATE TURBIDITY	SP. GRAV.---	1.025
PH----------	6.0	PROTEIN-----	3+
GLUCOSE-----	NEG.	ACETONE-----	3+
BILIRUBIN---	NEG.	BLOOD-------	NEG.
LEUK. EST.--	NEG.		

MICROSCOPIC:

WBC/HPF----------	0	RBC/HPF----------	0
EPITH. CELLS/HPF-	0-2	MUCUS------------	SLIGHT
AMORPHOUS URATES-	MARKED		

CONFIRMATORY TEST FOR PROTEIN IS 1+

CHEMISTRY:

LDH--------	154	UNITS(70-200)	GLUCOSE----	86	MG/DL(65-115)
SGOT-------	30	UNITS(0-50)	CHOLESTEROL	196	MG/DL(152-237)
SGPT-------	25	UNITS(0-50)	BUN--------	10	MG/DL(8-22)
ALK PHOS---	115	UNITS(35-130)	CREATININE-	1.2	MG/DL(0.9-1.4)
TOT. BILI--	1.4	MG/DL(0.2-1.4)	*BU/CR RATIO	8.3	(10-25)
DIR. BILI--	0.3	MG/DL(0.0-0.4)	*URIC ACID--	9.8	MG/DL(3.5-8.4)
*IND. BILI-	1.1	MG/DL(0.1-1.0)	CALCIUM-----	10.3	MG/DL(8.7-10.6)
TOT.PRUT.--	7.9	GM/DL(6.3-8.2)	*PHOSPHATES-	1.7	MG/DL(2.7-4.6)
ALBUMIN----	5.0	GM/DL(3.7-5.5)	SODIUM------	137	MEQ/L(137-147)
GLOBULIN---	2.9	GM/DL(1.8-3.5)	*POTASSIUM--	5.5	MEQ/L(3.7-5.3)
A/G RATIO--	1.72	(1.10-2.60)	CHLORIDE----	104	MEQ/L(97-110)
			CO/2--------	28	MEQ/L(22-32)

TRIGLYCERIDE----------	133	MG/DL	(57-214)
HDL-CHOLESTEROL-------	32	MG/DL	(28-63)
% HDL-CHOLESTEROL-----	16.3	%	(15-75)
C-TOTAL/C-HDL RATIO---	6.1		

(CALCULATED RATIO	RISK FACTOR *
(3.43	.5X
(4.97	1X
(9.55	2X
(23.39	3X

(* RISK FACTOR REPRESENTS THE LIKELIHOOD OF DEVELOPING ASCVD. AVERAGE RISK = 1X.)

ENCLOSURE

SIGNATURE

DATE REPORTED

The above laboratory studies were performed by Maryland Medical Laboratory, Inc

MARYLAND MEDICAL LABORATORY, INC.

Main Office: Pathology Building
1901 Sulphur Spring Road, P.O. Box 24080
Baltimore, Maryland 21227-0580

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PATIENT

ONEILL,JOHN

(C=1)

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LABORATORY REPORT
ONEILL,JOHN	11/22/85	33	M	A85726936	

CONTINUATION OF REPORT

IMMUNOHEMATOLOGY:
BLOOD GROUP (ABO)---------- A
BLOOD TYPE-RHO (D)---------- POSITIVE
BLOOD GROUP-DU---------- NOT INDICATED

IMMUNOLOGY:
RAPID PLASMA REAGIN (SCREEN)---- NON-REACTIVE
(NORMAL: NON-REACTIVE)
(SIGNIFICANT: REACTIVE)

IMMUNOGLOBULIN E---------- 11.4 IU/ML (0-100)

	NON ALLERGIC:	ALLERGIC
0-20	64%	0%
20-100	34%	35%
>100	2%	65%

SIGNATURE

(COMPLETED)

11/26/85
DATE REPORTED

The above laboratory studies were performed by Maryland Medical Laboratory, Inc.

FM#200201 Rev. 8/85

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (*Type or print*) O'NEILL (*Last*) JOHN (*First*) P. (*Middle*)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☑ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

Corrected to 20/20

ENCLOSURE

FBI/DOJ

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☑ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

_____

_____

[redacted] b6 b7C

S[redacted]iner

11/22/85

Date

4-876 (2-5-86)

12-23-86

SUBJECT ONEILL, JOHN P.

Mail pertaining to prior medical matters is maintained in the captioned employee's official personnel file, PERSONNEL RECORDS SUBUNIT, RECORDS SECTION, RECORDS MANAGEMENT DIVISION (RMD).

See 67-80008-2026X3 for authority.

FILE NUMBER 67 - 679605-M

DO NOT REMOVE FROM FILE

FBI/DOJ

Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
O'NEILL, JOHN P.	SPECIAL AGENT	147-42-1004
4. HOME ADDRESS (*Number, street or RFD, city or town, State and ZIP Code*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
n/a	FITNESS FOR DUTY	11/22/85

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Caucasian				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52		

15. EXAMINING FACILITY OR EXAMINER AND ADDRESS
Life Resources, 200 Hospital Dr., LL-10
Glen Burnie, MD 21061

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (*Total*) | LAST SIX MONTHS

NORMAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (*Ext & ext. canals*) (*Auditory acuity under items 70 and 71*)	
✓	23. DRUMS (*Perforation*)	
✓	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (*Equality and reaction*)	
✓	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
✓	28. LUNGS AND CHEST (*Include breasts*)	
✓	29. HEART (*Thrust, size, rhythm, sounds*)	
✓	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
✓	31. ABDOMEN AND VISCERA (*Include hernia*)	
✓	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (*Strength, range of motion*)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

1/2/86. Annual physical WNL.

SIO WAS ADVISED ON 12/4/85 THAT IT WILL BE NECESSARY FOR HIM TO WEAR CORRECTIVE LENSES WHILE DRIVING A GOVERNMENT VEHICLE DAB

b6
b7C

ENCLOSURE

67. [illegible] 11-X

Searched..... Numbered.....

3 JAN 25 1986

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.*)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

Restorable teeth (0 / 1 2 3 / 32 31 30 / 0) — *Non-restorable teeth* (/ / 1 2 3 / 32 31 30 / /) — *Missing teeth* (x / 1 2 3 / 32 31 30 / x) — *Replaced by dentures* (x x x / 1 2 3 / 32 31 30 / x x x) — *Fixed Partial dentures* ((x) / 1 2 3 / 32 31 30 / (x))

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

WNL

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN 3+	D. MICROSCOPIC —	
C. SUGAR —		

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR (NR)	WNL	A+	Uric Acid 9.8. K+ 5.5 P 1.7

88-118

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
72 4	200	brown	brown	☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE	98 C

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 120 / DIAS. 88	B. RECUMBENT	SYS. 116 / DIAS. 86	C. STANDING (3 min.)	SYS. 116 / DIAS. 86	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						68	80	70	66	72

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 40	CORR. TO 20/ 20	BY	S.	CX	20/20 CORR. TO	BY
LEFT 20/ 40	CORR. TO 20/ 20	BY	S.	CX	20/20 CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	Ishi / 21.		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT		15	5	5/10	5	15			
			LEFT		15	5	5	0	10			

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

1. Proteinuria hypercalemia
2. hyperuricemia

All mild

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)	76. A. PHYSICAL PROFILE
1) Repeat Urinalysis 2) Repeat Urine Culture, ~~Retest~~ SMA 6.	P U L H E S
77. EXAMINEE (*Check*) A. ☒ IS QUALIFIED FOR D. ☐ IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A B C E

79. TYPED [redacted] MD	SIGNATURE [redacted] MD		
80. TYPED [redacted]	SIGNATURE [redacted]		
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE		
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS	

b6
b7C

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6397)

SSAN: 147-4[redacted]-1004 RANK CIV

NAME O'NEIL, John P
(Last) (First) (MI)

UNIT FBI DUTY PHONE 265-8080

HEMA-TOLOGY

SPECIMEN/LAB RPT. NO. 19

EMERGENCY
- ROUTINE
- TODAY
- PRE-OP
- STAT

PATIENT STATUS
- BED
- AMB.
- OUTPATIENT
- NP
- DOM.

SPECIMEN SOURCE
- VEIN
- CAP
- OTHER (Specify)

Enter in the two spaces: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	DATE	LAB ID. NO.
MED. EXAM.	MD / TECH	8/6/79	

REMARKS:

AUG 6 2 40 PM

b6
b7C

TEST(S)	METHOD (X)	RESULTS
SPECIMEN TAKEN — DATE		
TIME — A.M. P.M.		
	(x)	
RBC COUNT	AUTO-MATED	
HGB	AUTO-MATED	15.9
HCT	AUTO-MATED	48
WBC COUNT	AUTO-MATED	6300
DIFFERENTIAL — IMMATURE	MANUAL	
DIFFERENTIAL — NEUTRO-BANDS	MANUAL	
DIFFERENTIAL — NEUTRO-SEGS.	MANUAL	
DIFFERENTIAL — LYMPHO-CYTE	MANUAL	
DIFFERENTIAL — EOSINO-PHILS	MANUAL	
DIFFERENTIAL — BASO-PHILS	MANUAL	
DIFFERENTIAL — MONO-CYTES	MANUAL	
PLATELETS	AUTO-MATED	
RBC	AUTO-MATED	
SED RATE	MANUAL	
PLATELET COUNT	MANUAL	
RETICULO-CYTE COUNT	MANUAL	
CLOTTING TIME	MANUAL	
BLEEDING TIME	MANUAL	
PROTHROMBIN TIME — CONTROL	MANUAL	
PROTHROMBIN TIME — PATIENT	MANUAL	
PROTHROMBIN TIME — ACTIVITY	MANUAL	
PROTHROMBIN TIME — RATIO	MANUAL	
SICKLING TEST	MANUAL	
LE PREP	MANUAL	
MCV	AUTO-MATED	76
MCH	AUTO-MATED	30
MCHC	AUTO-MATED	40

HEMATOLOGY
Standard Form 509 (July 1971)—GSA FPMR 101-11.8

SSAN 147-42-1004 RANK Civ.

NAME O'Neil, John P.
(Last) (First) (MI)

UNIT FBE DUTY PH 205-8080

URINALYSIS

SPECIMEN/LAB RPT NO 19

URGENCY
- ☐ ROUTINE
- TODAY ☐
- ☐ PRE-OP
- STAT ☐

PATIENT STATUS
- ☐ BED
- OUTPATIENT ☐
- ☐ NP
- ☐ DOM

SPECIMEN SOURCE
- ☐ ROUTINE
- ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO —DATE

REQUESTING PHYSICIAN'S SIGNATURE: MED EXAM

REPORTED BY MD TECH

DATE

LAB ID NO

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	RESULTS	REQUESTED (X)	ROUTINE	COLOR	SPECIFIC GRAVITY	UROBILINOGEN	OCCULT BLOOD	BILE	KETONES	GLUCOSE	PROTEIN	pH	MICROSCOPIC	WBC	RBC	EPITH	CASTS: WBC	CASTS: RBC	CASTS: HYALINE	CASTS: GRANULAR	BACTERIA	CRYSTALS	MUCUS	NITRITE	BENCE-JONES PROTEIN	HEMOSIDERIN	HCG
						1010						neg																	

CPT, MSC
Laboratory Service

550-104

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency
Committee on Medical Records FPMR 101-11 806-6

b6
b7C

SSAN 147-42-[redacted]004 RANK CIV.

NAME O'Neill, John [redacted] P.
(Last) (First) (MI)

UNIT FBI DUTY PHONE 265-8080

SEROLOGY

SPECIMEN/LAB. RPT. NO. 19

URGENCY
- ☐ ROUTINE
- TODAY ☐
- ☐ PRE-OP
- STAT ☐

PATIENT STATUS
- ☐ BED
- AM ☐
- OUTPATIENT ☐
- ☐ NP
- ☐ DOM

SPECIMEN SOURCE
- ☐ BLOOD
- ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space. PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.--DATE

REQUESTING PHYSICIAN'S SIGNATURE: MED. EXAM.

REPORTED BY MD TECH

DATE: AUG 6

LAB. ID. NO.

REMARKS

2 37

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	RESULTS	REQUESTED (X)
INF. MONO. QUAL.				
INF. MONO. QUANT.				
RPR AUTO			Neg	
RPR CARD				
VDRL QUAL.				
VDRL QUANT.				
FTA-ABS				
TPHA				
RHEUMATOID FACTOR				
ANTI-NUCLEAR FACTOR (ANA)				
COLD AGG.				
ASO				
CRP				
SERUM COMPLEMENT				
FEBRILE AGG.				
COMP. FIX.				
HAI				
THYROGLOBULIN ANTIBODY				
THYROID MICROSOMAL ANTIBODY				

CRT, USC Laboratory Service

551-104

SEROLOGY

STANDARD FORM 551 (Rev 6-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11.806-8

b6
b7C

CLINICAL RECORD | ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG ☐ YES ☐ ~~NO~~

CLINICAL IMPRESSION: This Exam

MEDICATION: None

☐ EMERGENCY ☐ BEDSIDE
☐ ~~ROUTINE~~ ☐ ~~AMBULANT~~

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
24	M	W	72	181	140 84	MED. EXAM	6 Aug 79

RHYTHM: SA

AXIS DEVIATION (QRS): 70°

RATES: AURIC. 75 VENT.

INTERVALS: PR .18 QRS .08 QT .36

P WAVES:

QRS COMPLEXES:

RS—T SEGMENT:

T WAVES:

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

b6
b7C

NO. ECG	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE 8-6-79
		REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

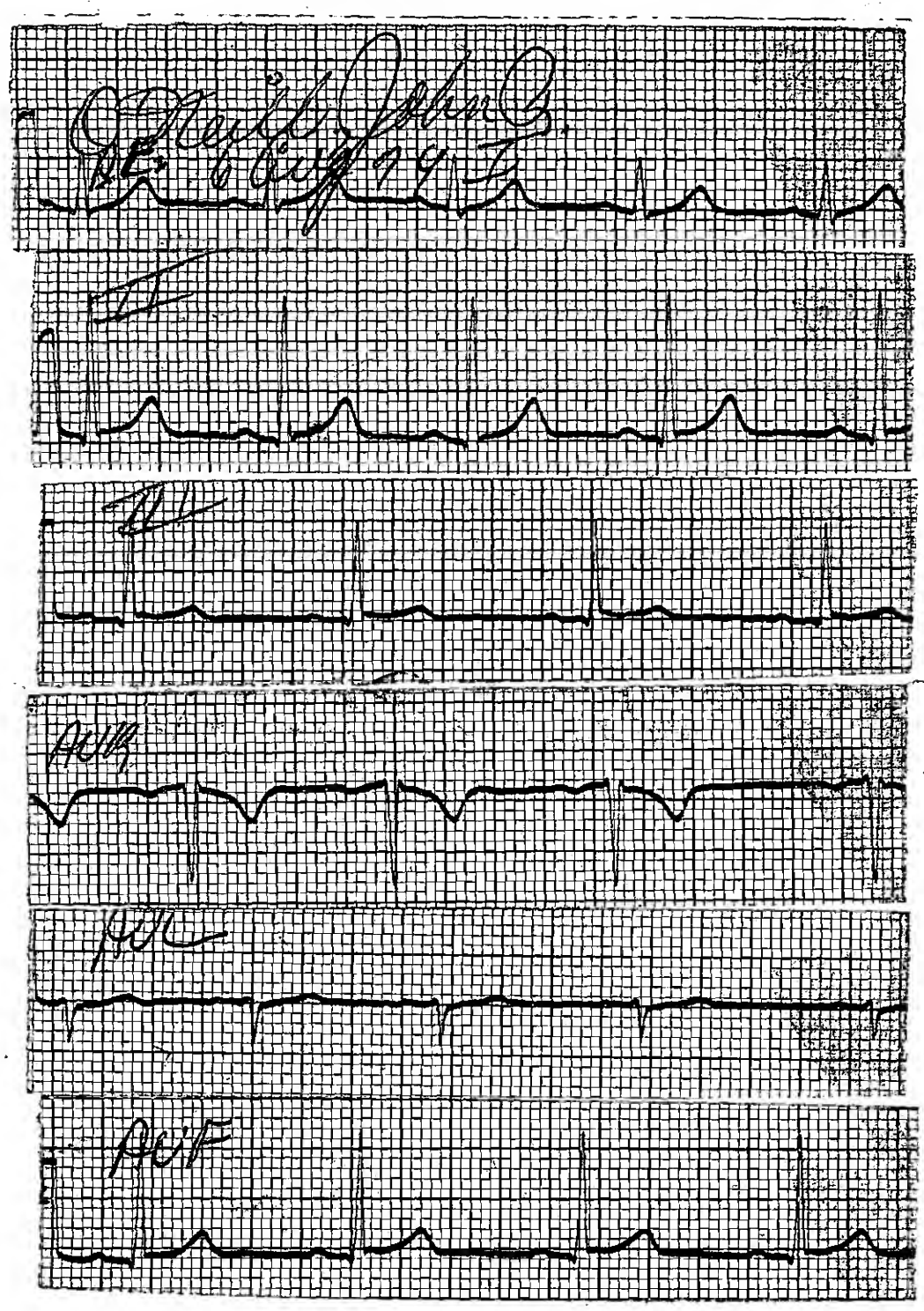
SSAN [redacted] 147-42-1004 RANK CIV.

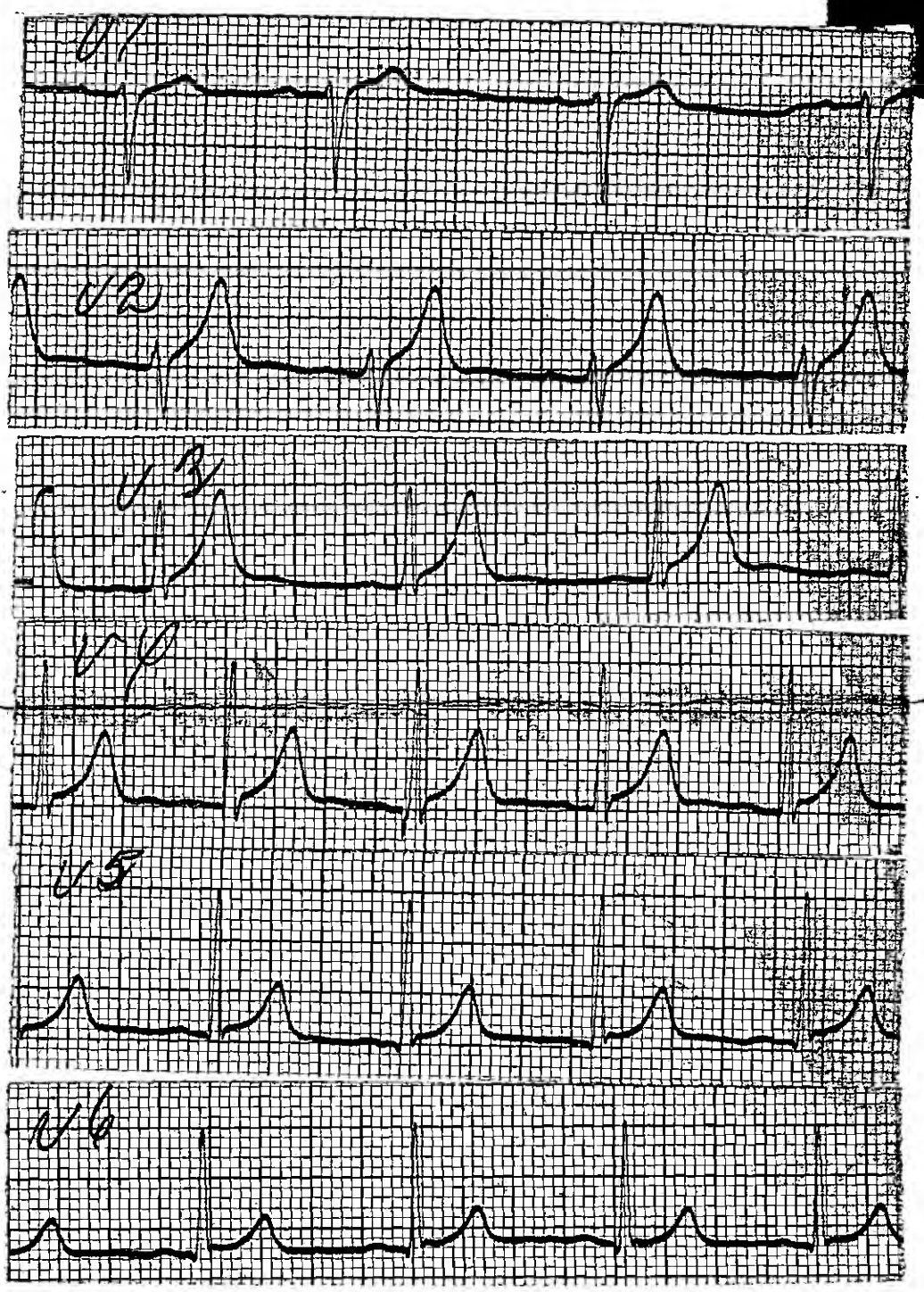
NAME O'Neill John P.
(Last) (First) (MI)

ORG. FBI DUTY PHONE 265-8080

ELECTROCARDIOGRAPHIC RECORD
(Attach [illegible] 507)

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.6[illegible]
OCTOBER 1975 [illegible]


I
II
III
aVR
aVL
aVF


V1
V2
V3
V4
V5
V6

MARYLAND MEDICAL LABORATORY, INC.

Main Office: Pathology Building
[illegible]01 Sulphur Spring Road, P.O. Box 18290
Baltimore, Maryland 21227

(301) 247-9100 / FROM WASHINGTON ◦ LAUREL (301) 725-4343

PHYSICIAN

CENTRAL MEDICAL CENTER
11350 MCCORMICK RD. 102
HUNT VALLEY MD 21031

(2/1)

PATIENT

ONEILL,JOHN P

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LABORATORY REPORT
ONEILL,JOHN P	10/18/82	0	M	A697103	

HEMATOLOGY:

RBC	5.09	MEGA.	(4.7-6.1)	WBC	6.2	KILO.	(4.8-10.8)
HGB	15.7	GM/DL	(14-18)	BANDS	2	%	(0-10)
HCT	45.6	%	(40-54)	POLYS	60	%	(45-70)
MCV	90	CUU.	(80-94)	LYMPHS	30	%	(15-40)
MCH	30.6	UUG.	(27-32)	MONOS	5	%	(1-10)
MCHC	34.7	%	(32-36)	EOSIN	3	%	(0-3)
				BASOS	0	%	(0-1)
				ATYP LYMPH	0	%	(0)

COMMENT:
PLATELETS---------- ADEQUATE

SEDIMENTATION RATE---------- 7 MM/HR (0-10)

CLINICAL MICROSCOPY:

COLOR	YELLOW-CLEAR	SP. GRAV.	1.020
PH	6.0	PROTEIN	NEG.
GLUCOSE	NEG.	ACETONE	NEG.
BILIRUBIN	NEG.	BLOOD	NEG.

MICROSCOPIC:

WBC/HPF	0-2	RBC/HPF	0
EPITH. CELLS/HPF	0	MUCUS	SLIGHT

CHEMISTRY:

URIC ACID	7.8	MG/DL	(3.5-8.5)
CREATININE	1.2	MG/DL	(0.7-1.4)
CHOLESTEROL	225	MG/DL	(150-300)
BUN	14	MG/DL	(10-20)
GLUCOSE	91	MG/DL	(65-110)
*TRIGLYCERIDE	196	MG/DL	(74-172)

IMMUNOLOGY:
RAPID PLASMA REAGIN (SCREEN)------- NON-REACTIVE

SB (COMPLETED) 10/19/82

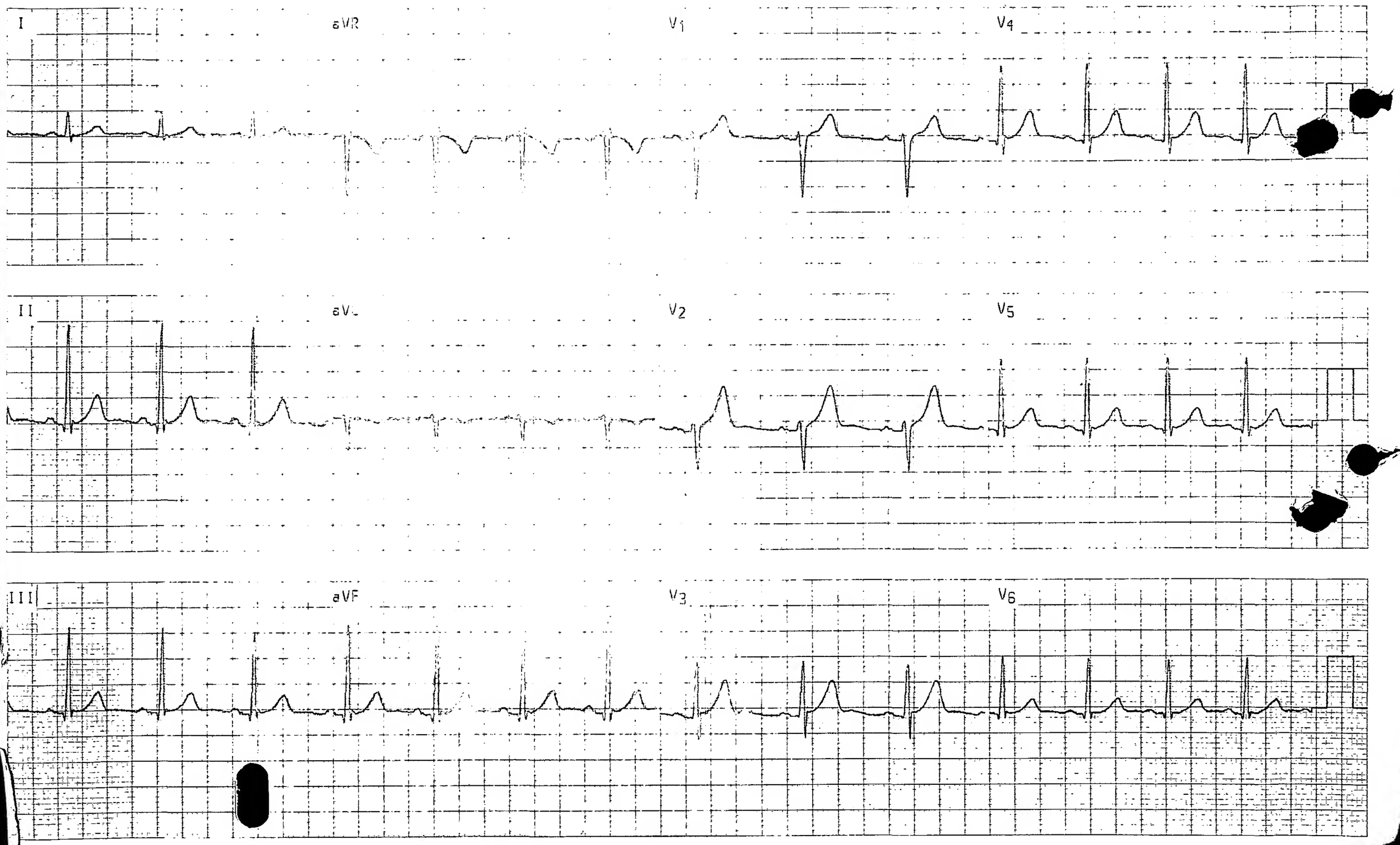
SIGNATURE — DATE REPORTED

The above laboratory studies were performed by Maryland Medical Laboratory, Inc

12 Lead ST Level +1.0 Gain x1

Resting ST Slope +0 HR 58 25 mm/sec

J ONEIL
PBI
11-22-85



FD-277 (Rev. 11-26-85)

Memorandum

To : Director, FBI

Date 4/22/87

From: SAC, BALTIMORE

Attention: Personnel Section
HEALTH SERVICES UNIT

Subject : JOHN P. O'NEILL
SUPERVISORY SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination 2/24/87.

☐ Dental work was completed on _____.

☐ Vision has been corrected to _____. Employee specifically instructed _____ (date) by _____ (name of person giving instruction) that he/she can operate a Bureau car only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.

☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No: If answered no, explain under remarks.

☐ Future participation in firearms is remote and weapon will be returned to the Bureau.

☐ Enclosed are ☐ paid ☐ unpaid medical bills.

☐ Attached are Bureau of Employees' Compensation forms _____

_____.

☐ Time and attendance (T&A) records checked and showed employee was on _____ hours (check one: ☐ Continuation of Pay ☐ Annual Leave ☐ Sick Leave ☐ Leave Without Pay) at time employee sustained injury. (THIS MUST AGREE WITH CA-1). Enclosed is copy of T&A record.

☒ Physical examination reports are enclosed.

☐ Employee is scheduled for physical examination on _____.

☒ Physical examination report has been reviewed and initialed.

☐ Employee returned to active duty _____.

☐ Employee's physical condition is _____.

☐ UACB he/she is being removed from limited duty.

☐ UACB he/she is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him/her fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Also enclosed are results of employee's treadmill stress test and pulmonary function test.

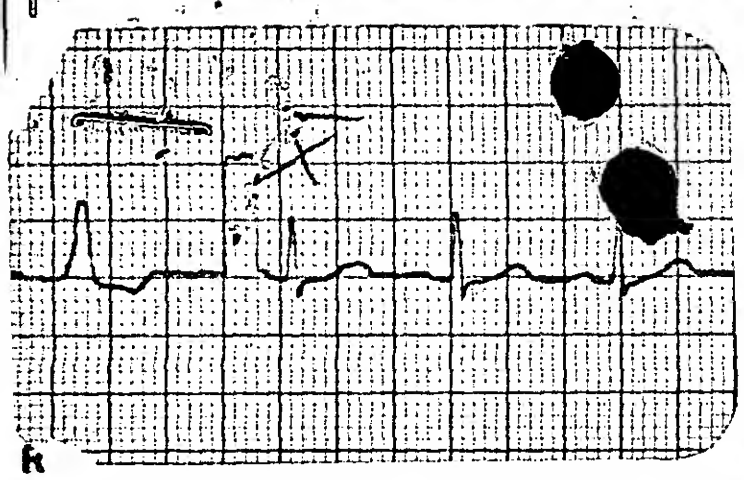
Employee transferred to FBIHQ on 4/6/87 and has not reviewed results of his physical. He should be afforded an opportunity to review the results.

(1) - Bureau
1 - Baltimore
DAB:jag
(2)

Enclosure

FBI/DOJ

I



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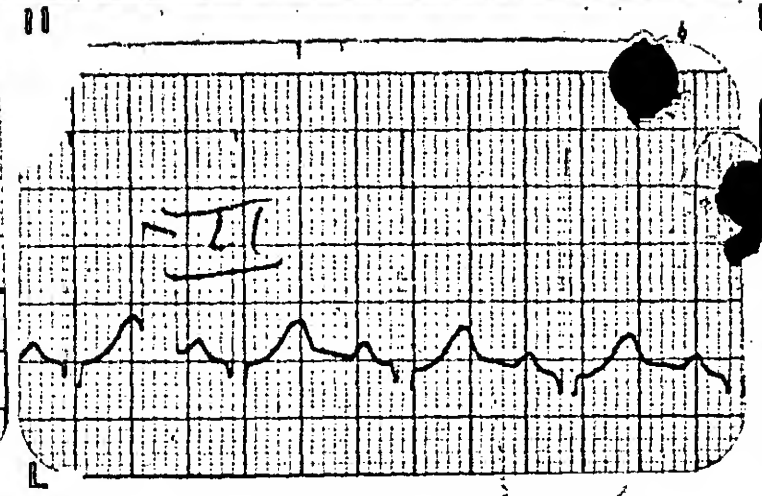

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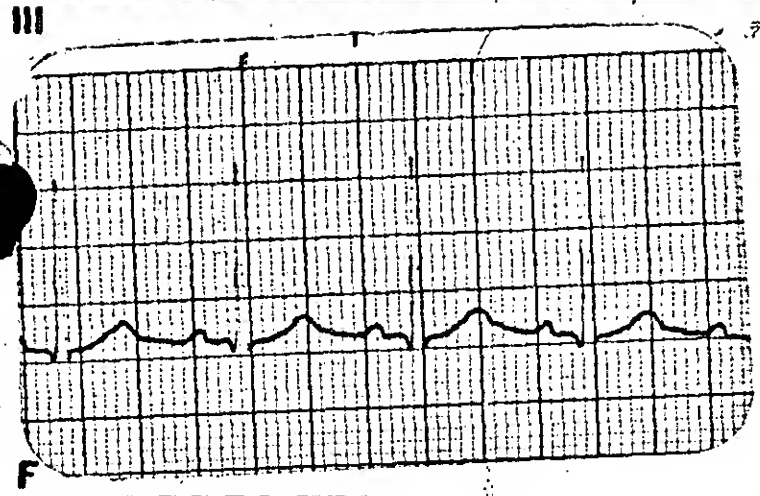

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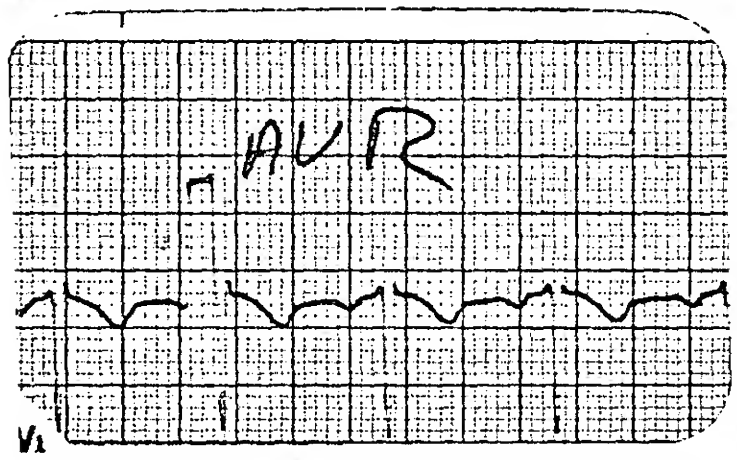

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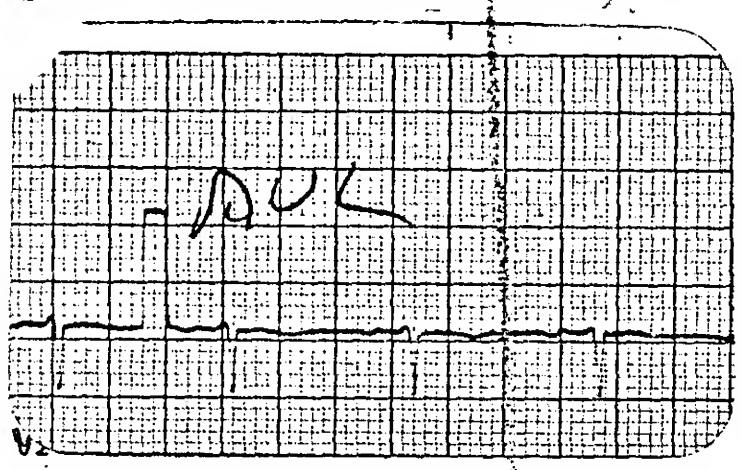

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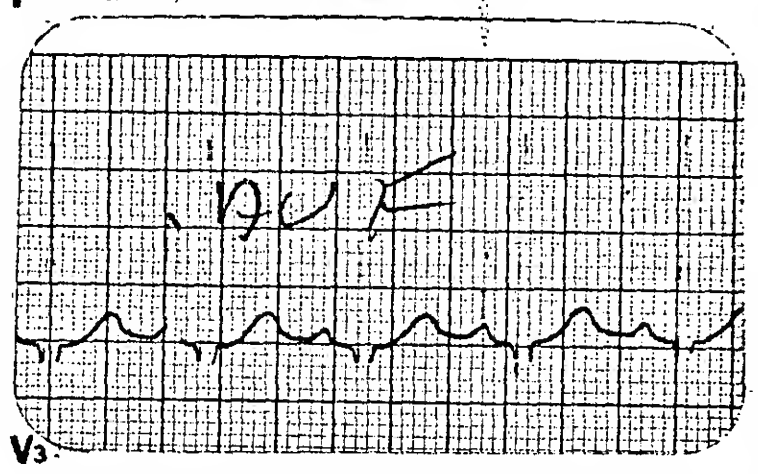

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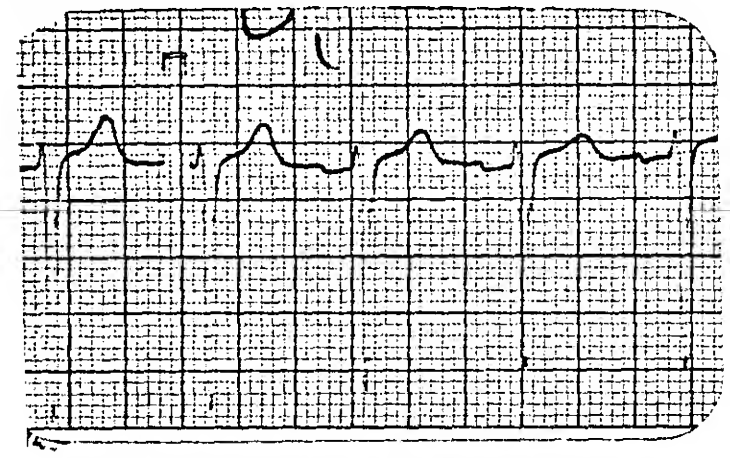

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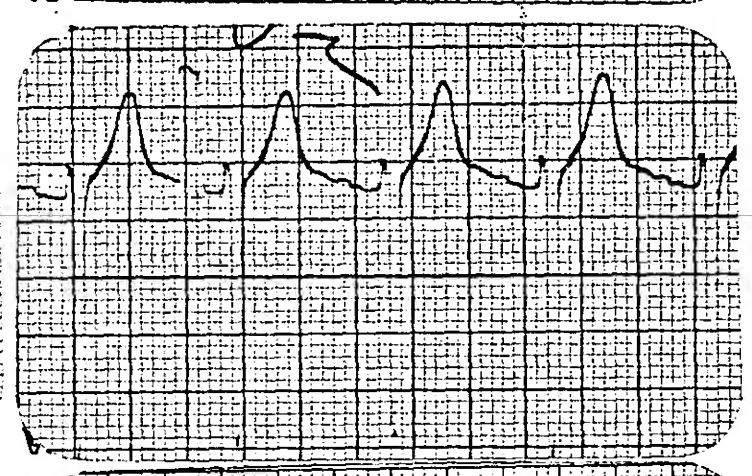

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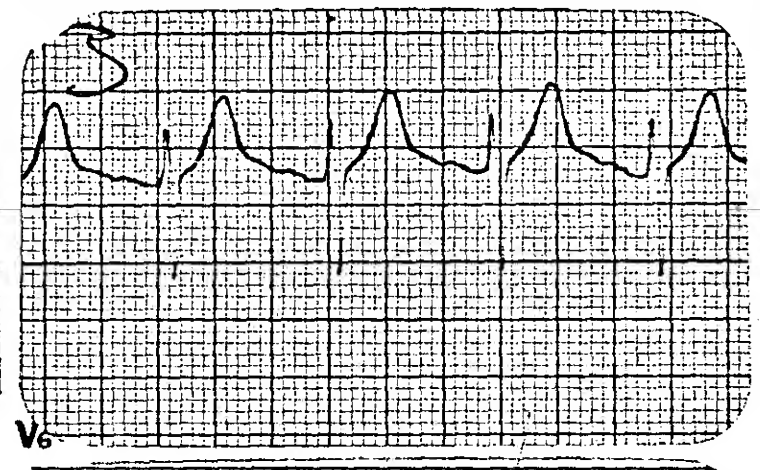

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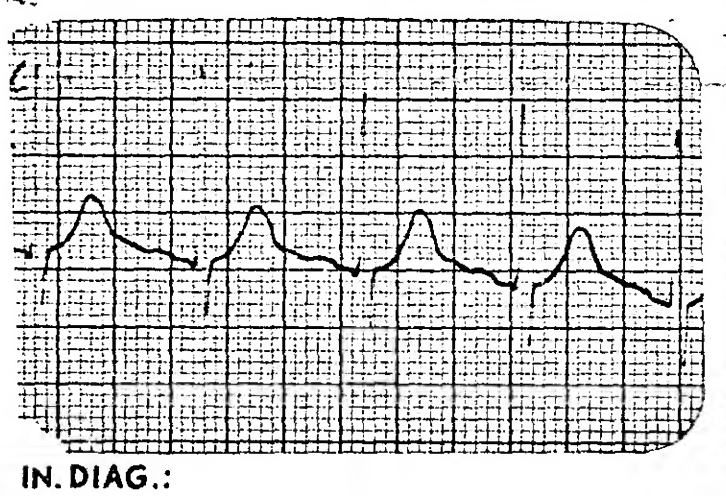
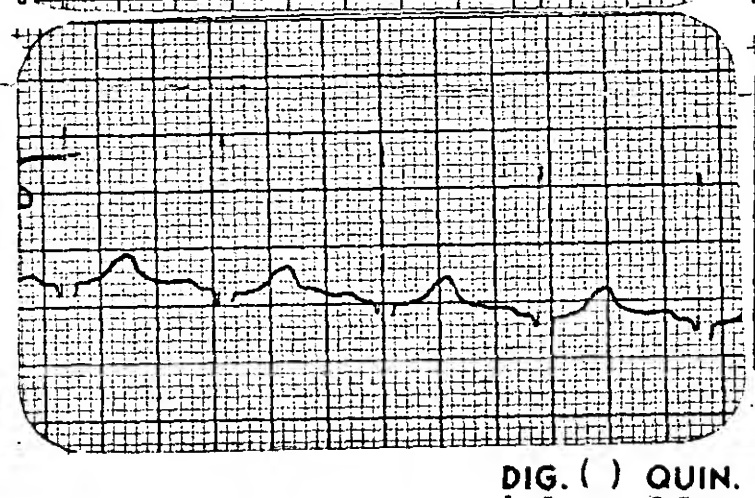


V5



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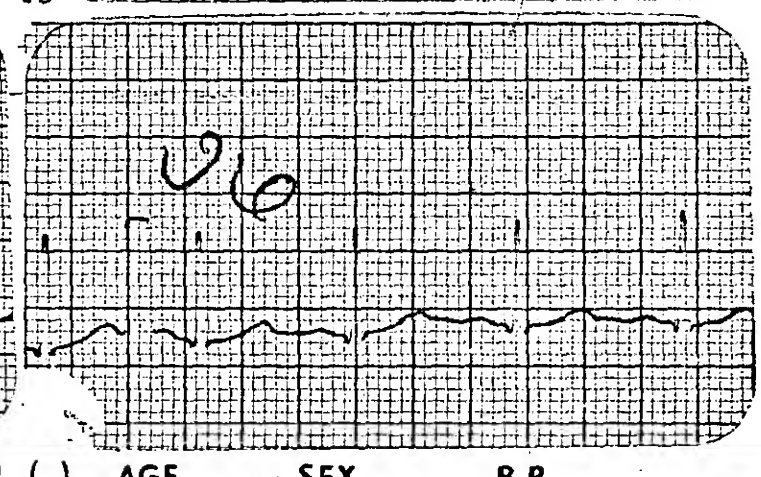


IN. DIAG.:

DIG. ( ) QUIN. ( ) AGE SEX B.P.

FBI PE RM 24

TE: 4-1-76

G DESCRIPTION Routine

ECG REQUEST BY [redacted]

ATR. RATE 105 VENTR. RATE 105

INTERVALS: P-R 0.14 QRS 0.07 QTc

AXIS: +70.

RHYTHM: Sinus tachycardia

ERPRETATION:

WNL

b6
b7C

ENT:

NEILL JOHN P.

SA
=BI - APP
- 6 - FEB - 52
147-42-1004

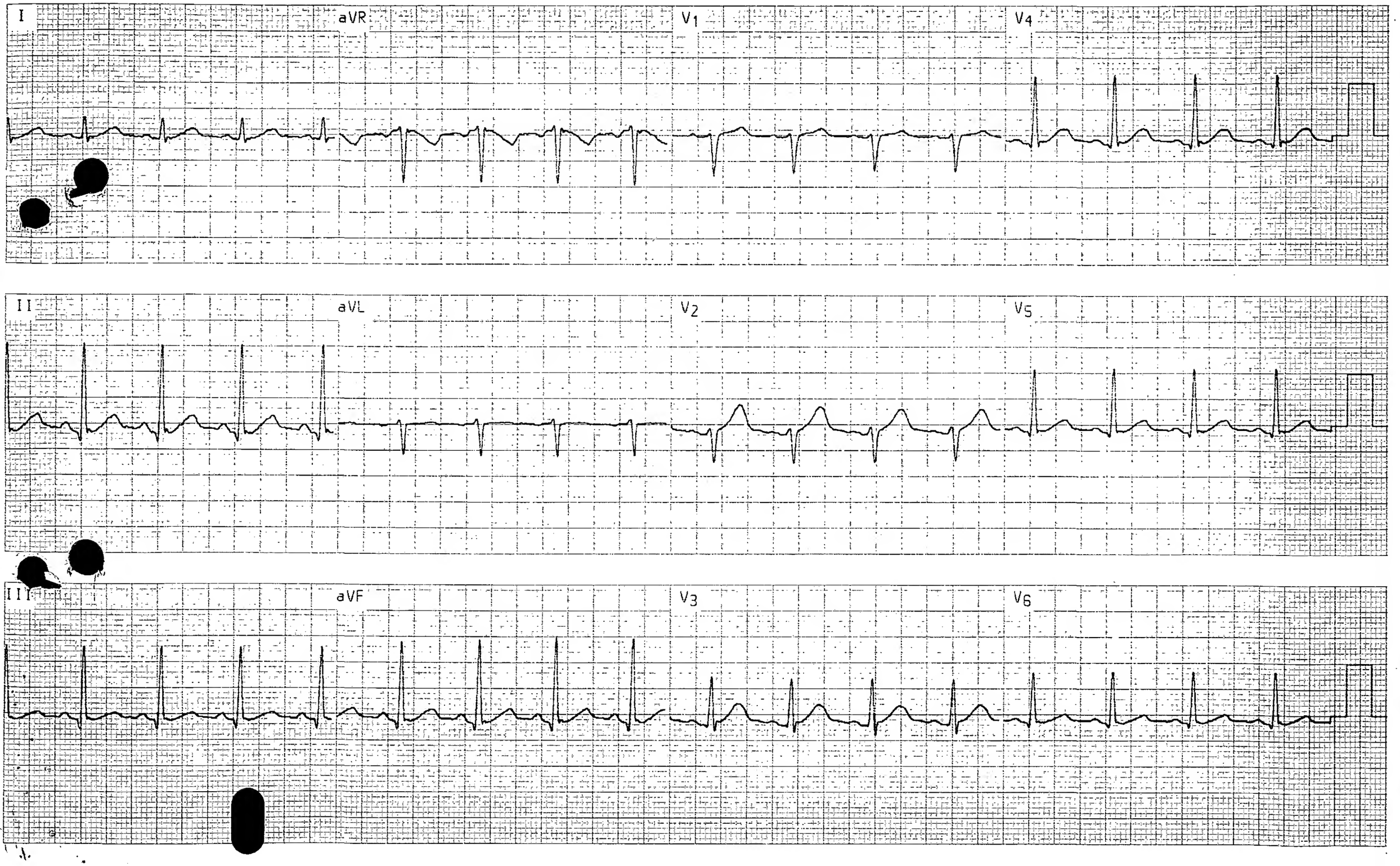
NNMC
PHYSICAL EXAM ROOM
F.B.I.

INTERPRETED BY

12 Lead ST Level +0.4 filter on Gain x1

Resting ST Slope +0 HR 97 25 mm/sec

J. Oneill
2-24-87
30 sec. Hypervent



12 Lead ST Level +0.8 filter on Gain x1

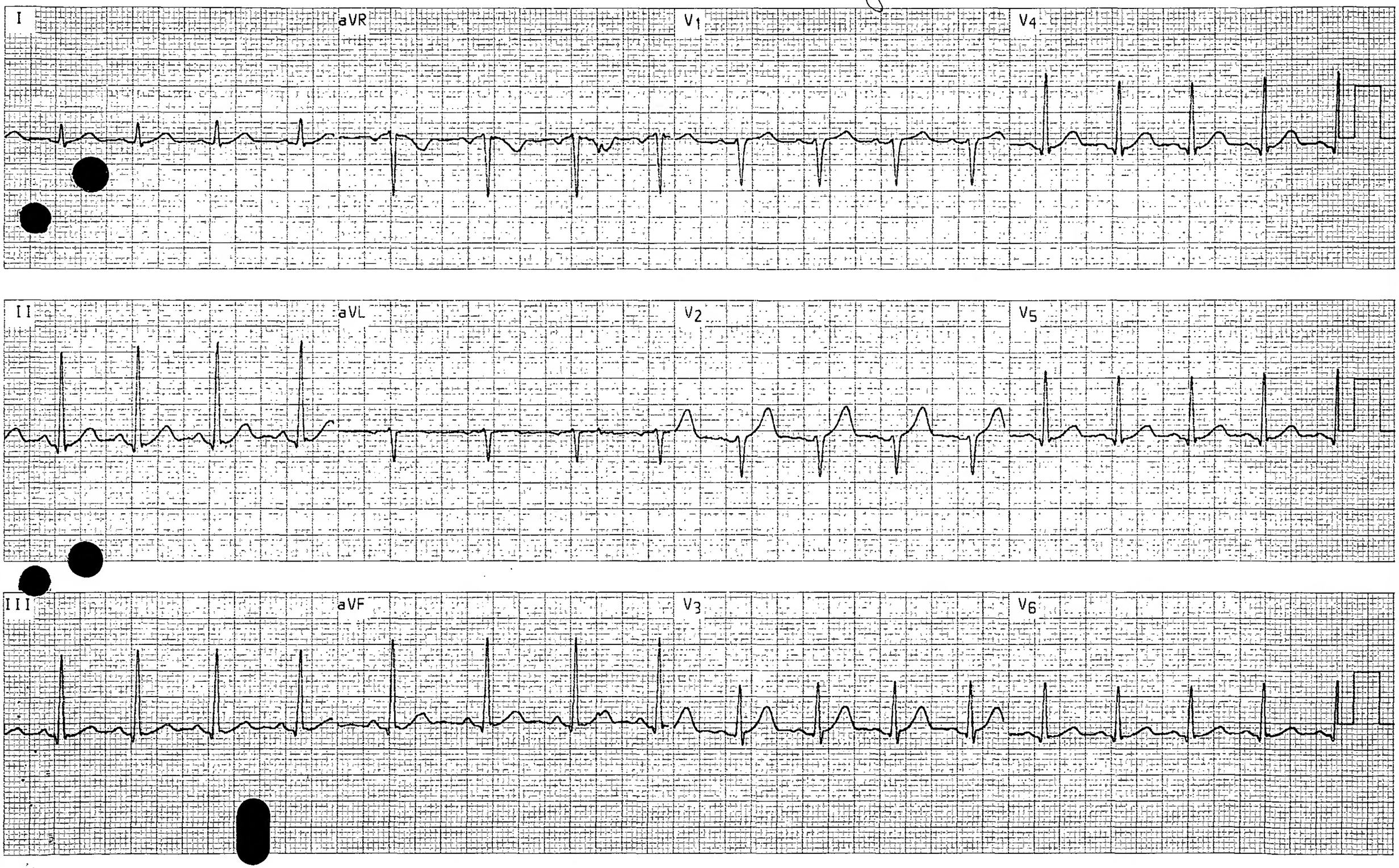
Resting ST Slope +0 HR 78 25 mm/sec

J. O'Neill
2-24-87
supine

12 Lead ST Level +1.1 filter on Gain x1

Resting ST Slope +1 HR 92 25 mm/sec

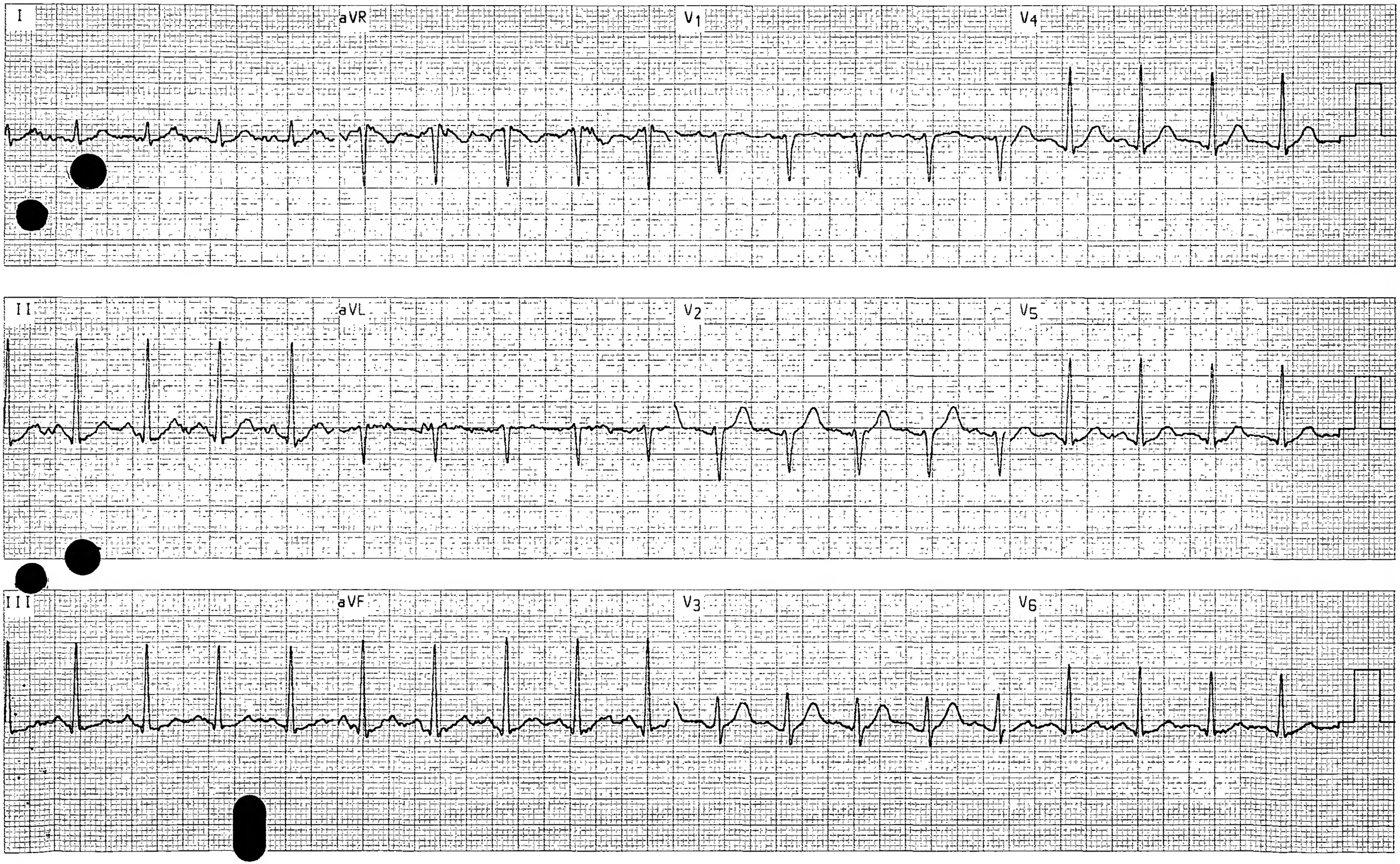
J. O'Neill
2-24-87
Standing



12 Lead ST Level +0.2 filter on Gain x1

Stage 1 1:50 ST Slope +6 HR 111 25 mm/sec

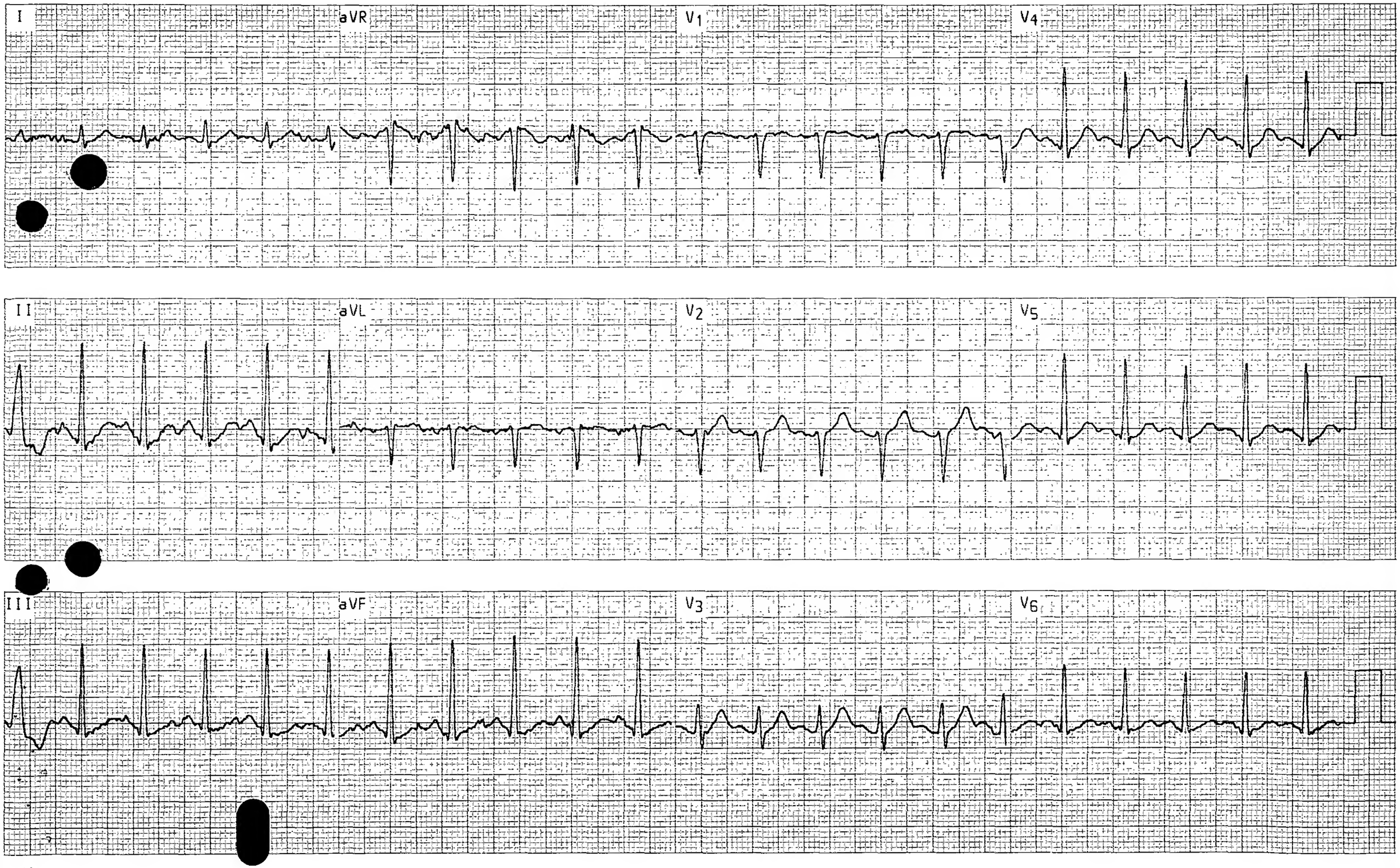
D. O'Neill
2-24-87



12 Lead ST Level +0.0 filter on Gain x1

Stage 2 1:50 ST Slope +5 HR 127 25 mm/sec

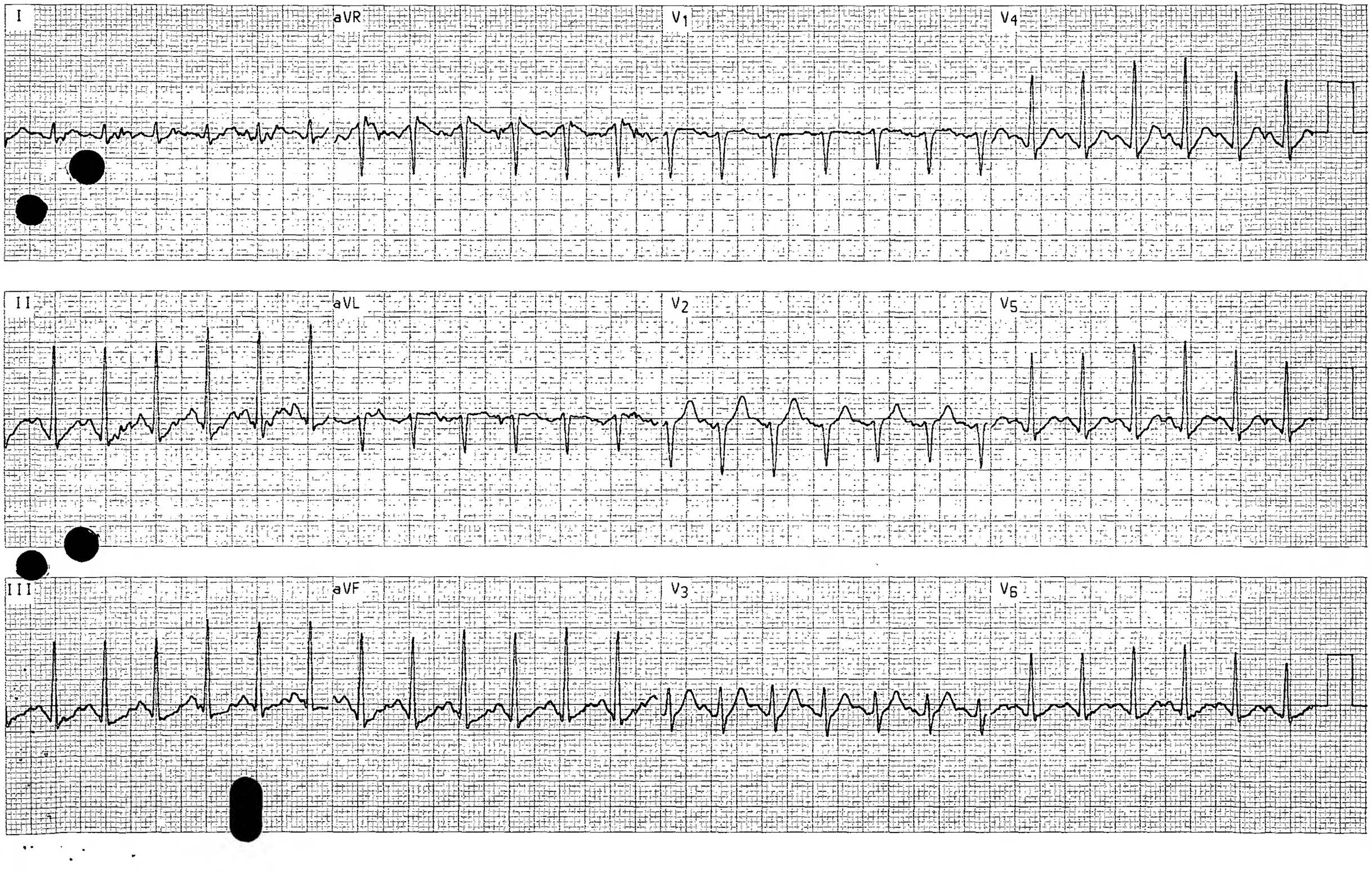
J. Oneill
2-24-87



12 Lead ST Level -0.1 filter on Gain x1

Stage 3 1:50 ST Slope +15 HR 148 25 mm/sec

J. O'Neill
2-24-87

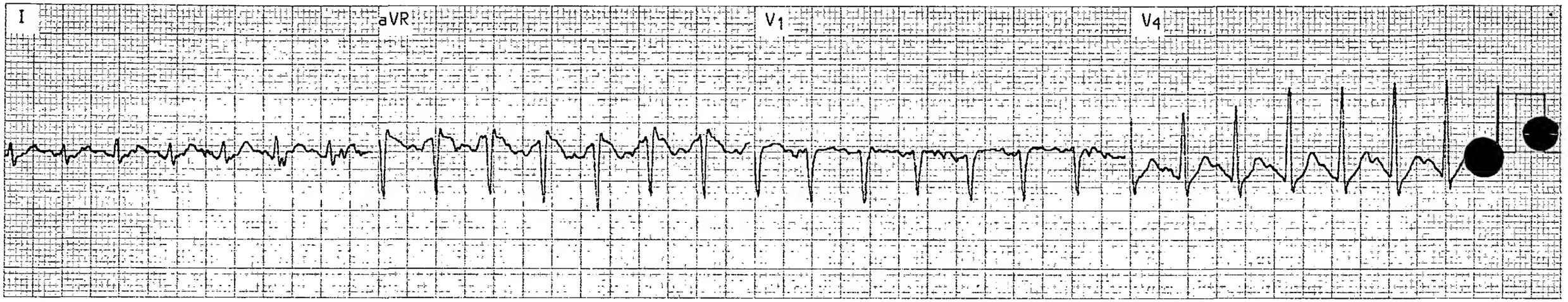


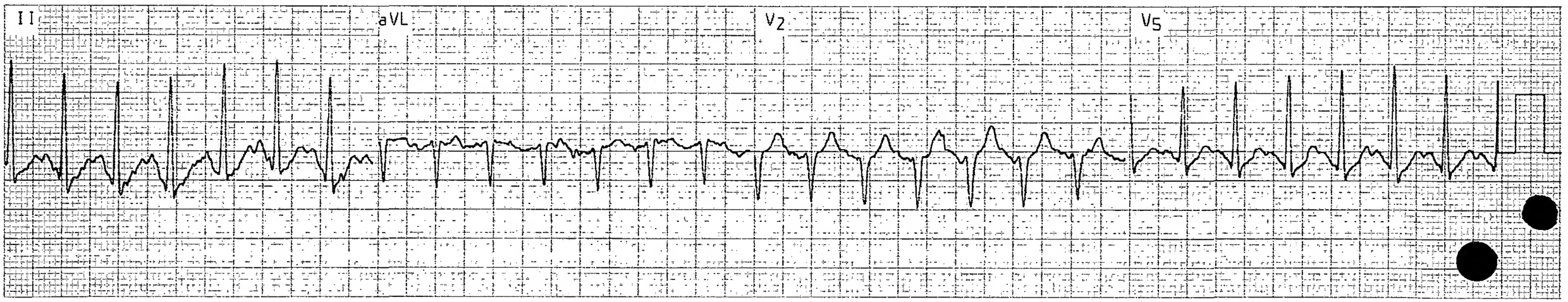
12 Lead ST Level +0.3 filter on Gain x1

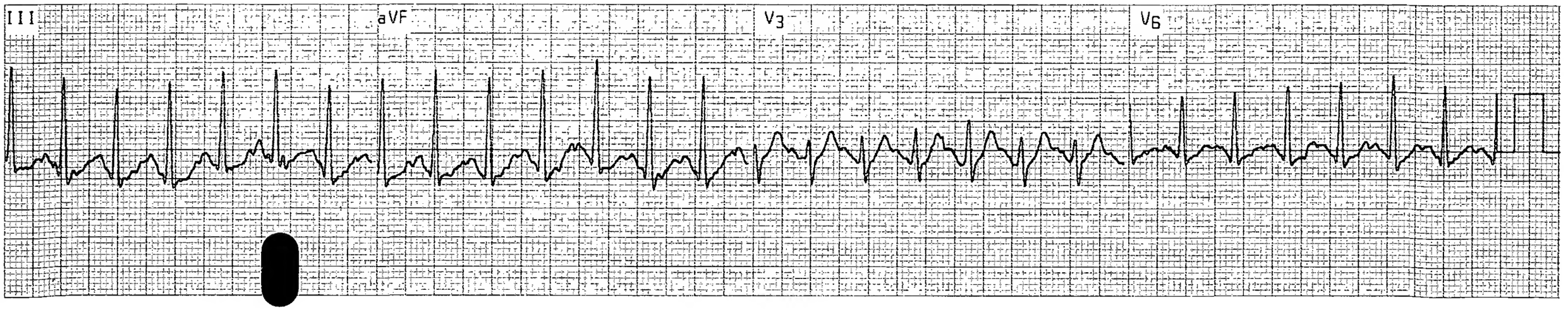
Stage 4 1:50 ST Slope +20 HR 162 25 mm/sec

J. O'Neill

2-24-87







12 Lead ST Level +0.2 filter on Gain x1

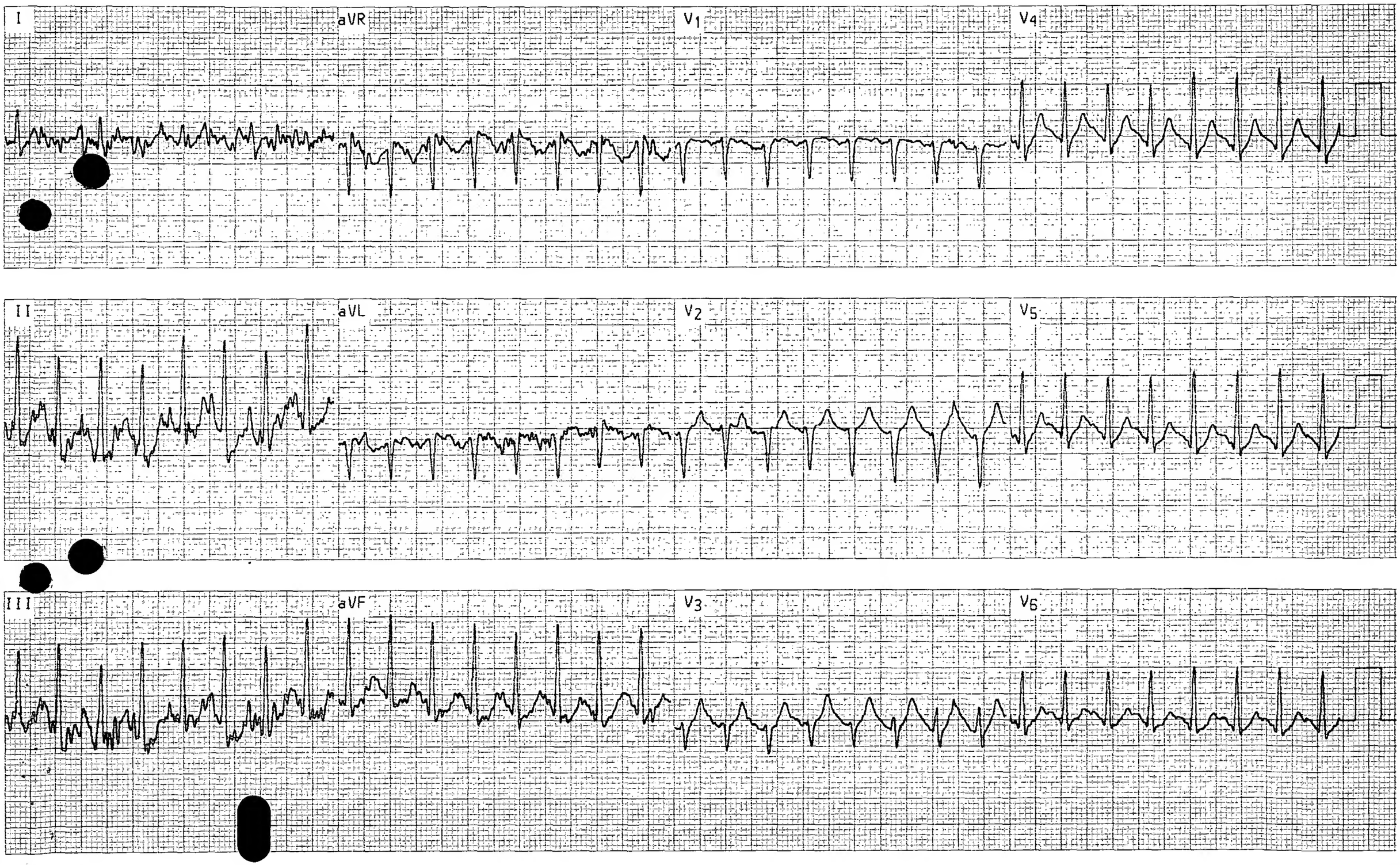
Stage 5 1:50 ST Slope +23 HR 175 25 mm/sec

J. O'Neill
2-24-87

12 Lead ST Level -0.3 filter on Gain x1

Recovery 0:00 ST Slope +21 HR 186 25 mm/sec

J. O'Neill
2-24-87



12 Lead ST Level +2.8 filter on Gain x1

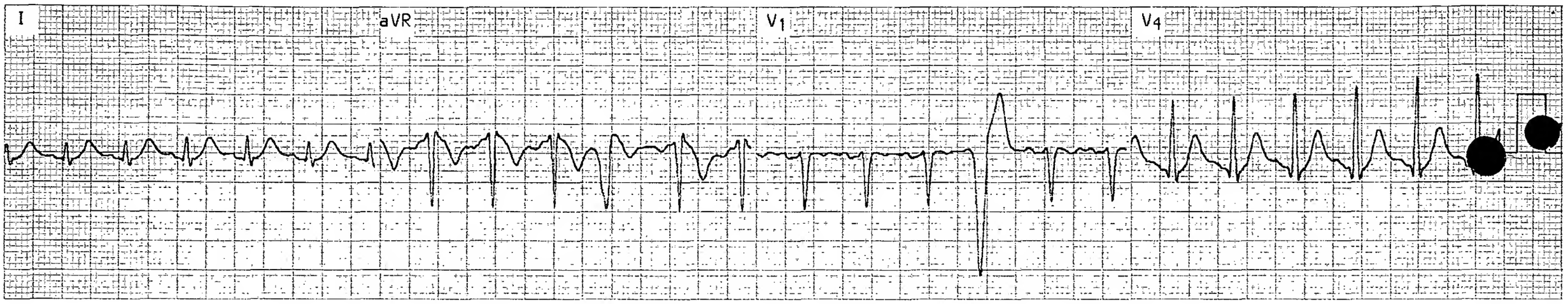
Recovery 1:00 ST Slope +45 HR 157 25 mm/sec

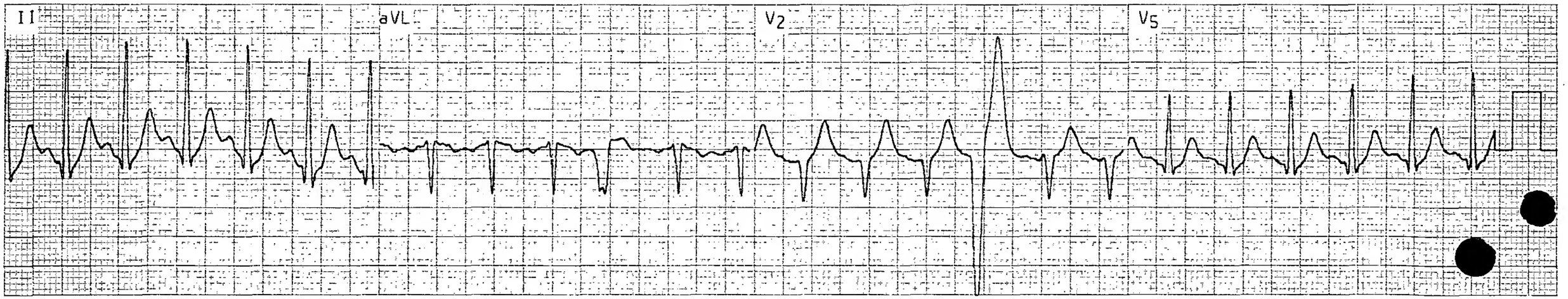
J. Snell
2-24-87

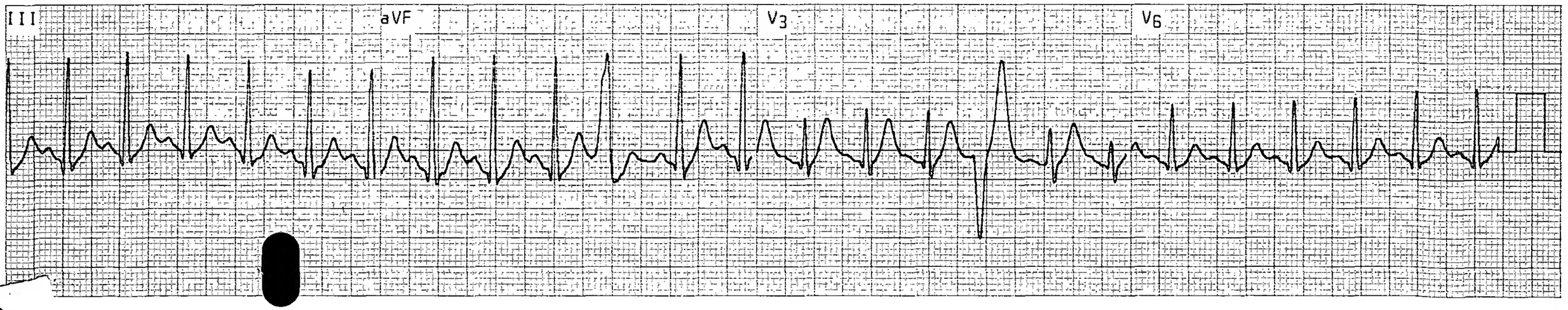
12 Lead ST Level +3.2 filter on Gain x1

Recovery 2:00 ST Slope +38 HR 149 25 mm/sec

J. Oneill
2-24-87







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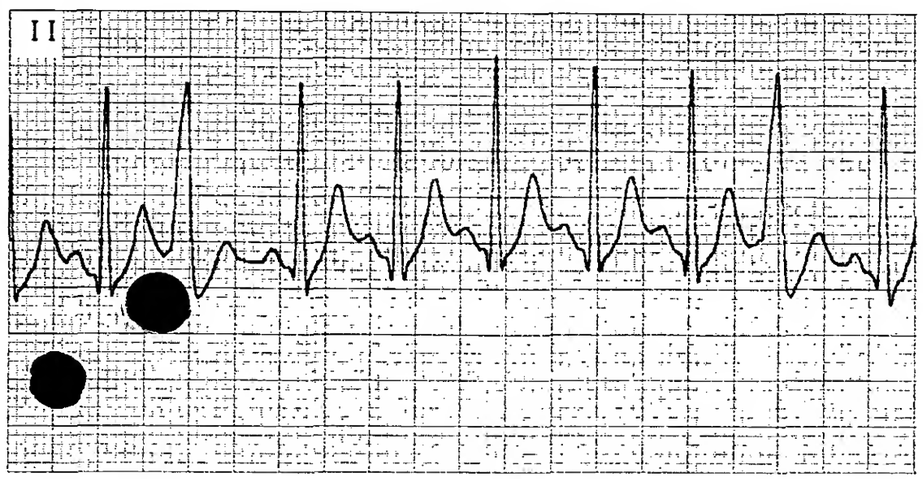
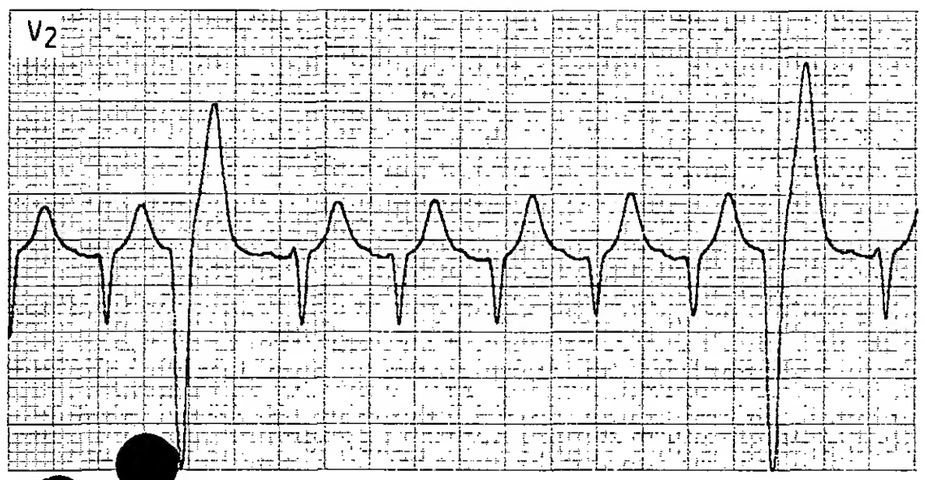
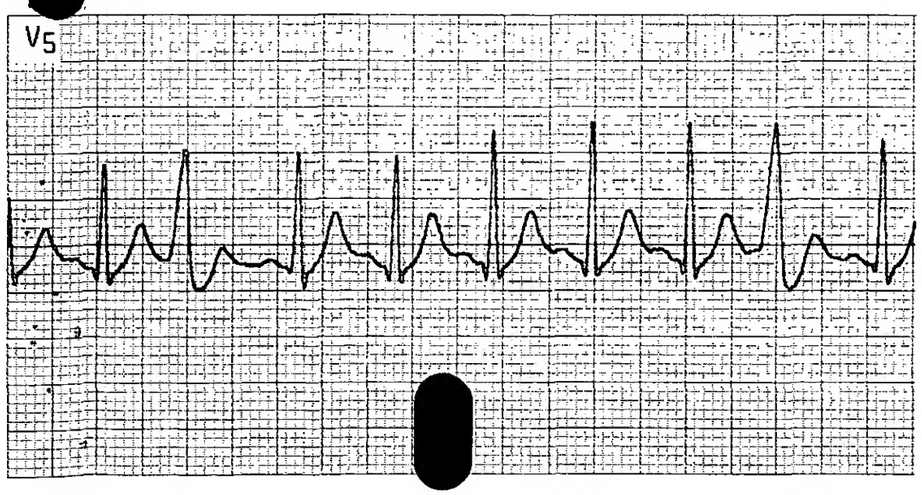
Recovery 2:04 ST Slope +38 HR 147 25 mm/sec

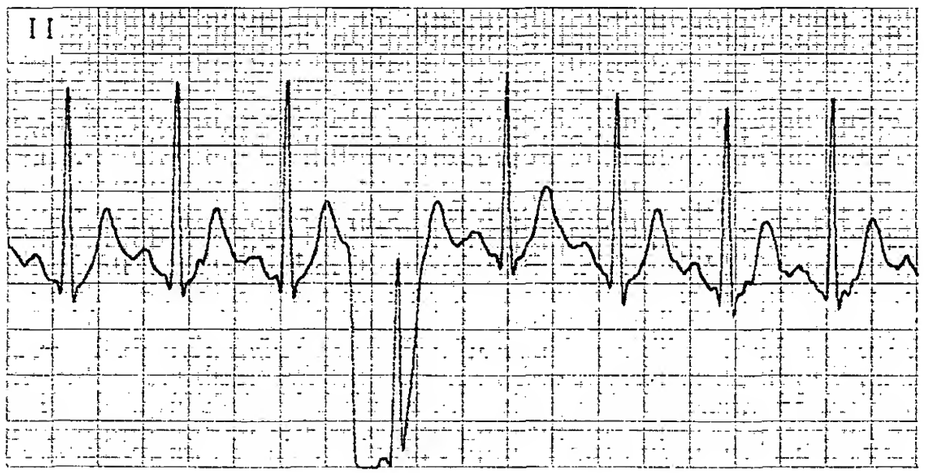


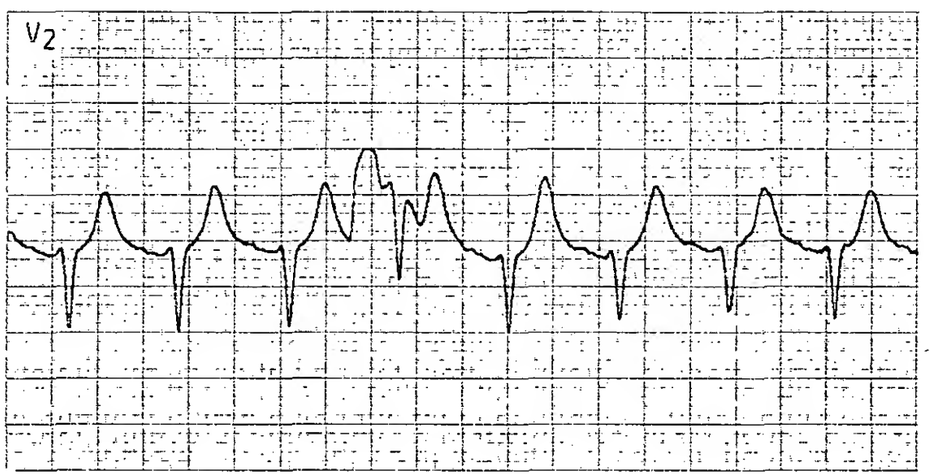


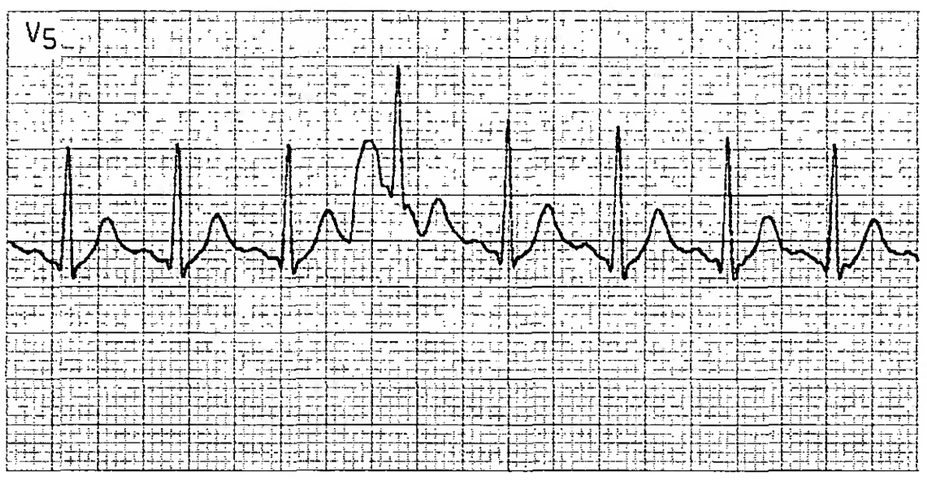


Write Screen ST Level +2.4 filter on Gain x1
Recovery 3:40 ST Slope +33 HR 127 25 mm/sec

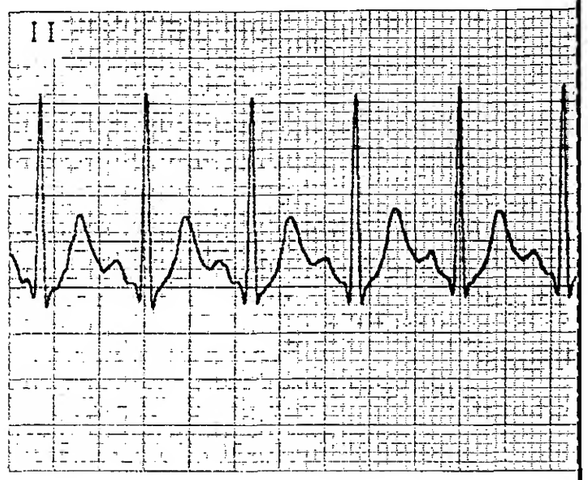
J. O'Neill 2-24-87

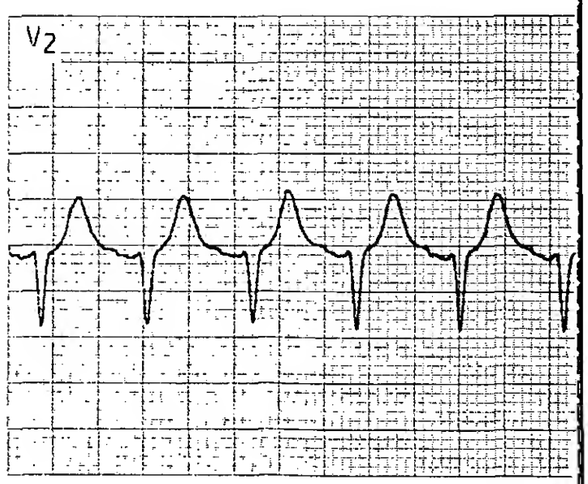


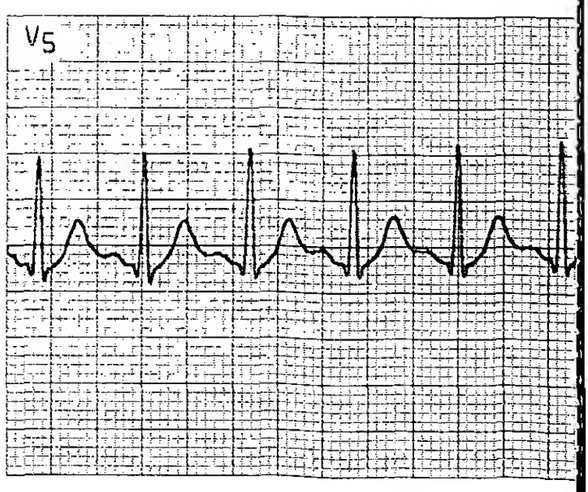




Write Screen ST Level +2.4 fi
Recovery 3:45 ST Slope +33 HR
126 HR



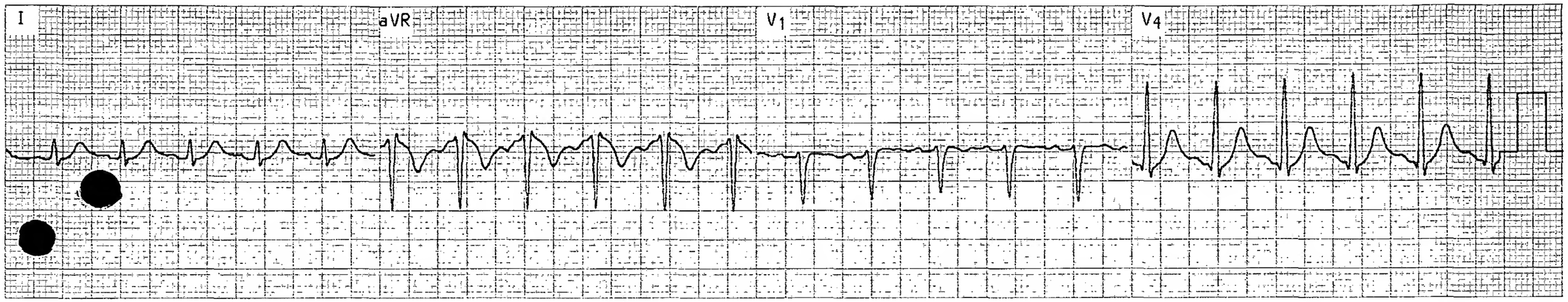


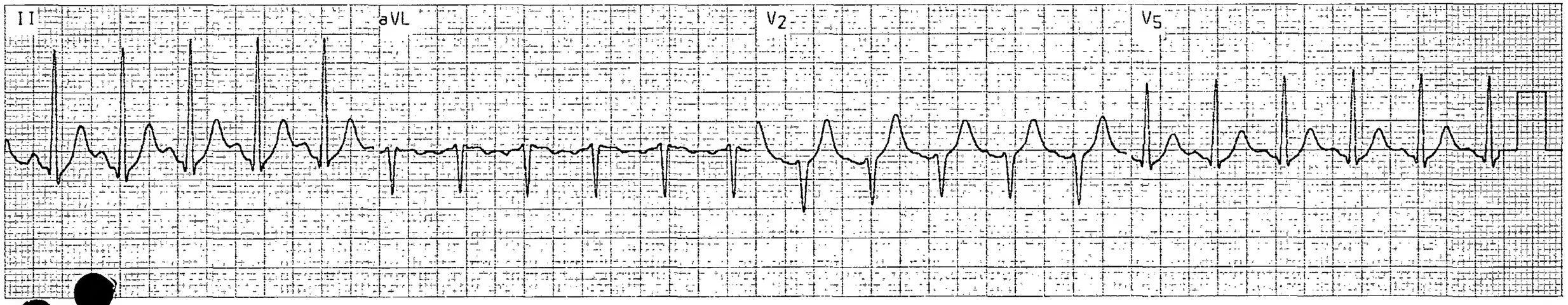


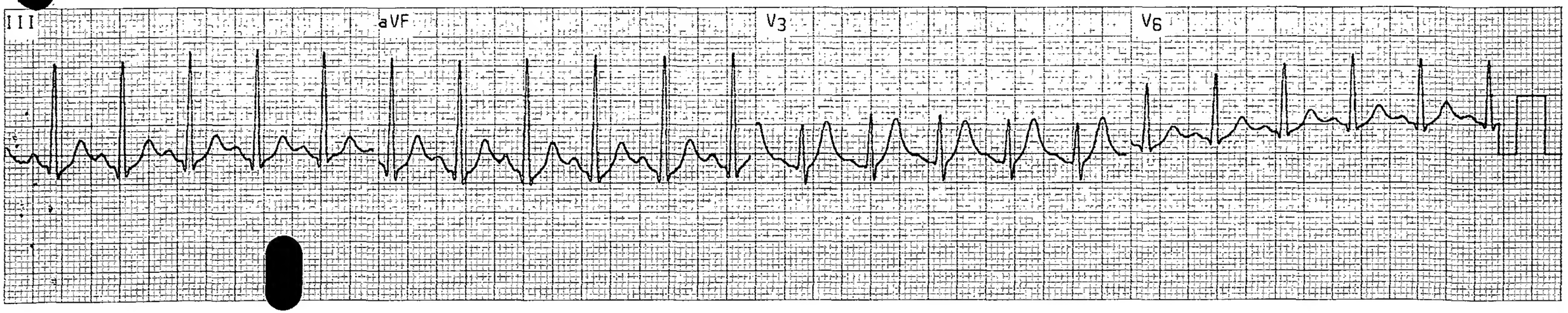
12 Lead ST Level +2.4 filter on Gain x1

Recovery 4:00 ST Slope +31 HR 133 25 mm/sec

J. O'neill
2-24-07



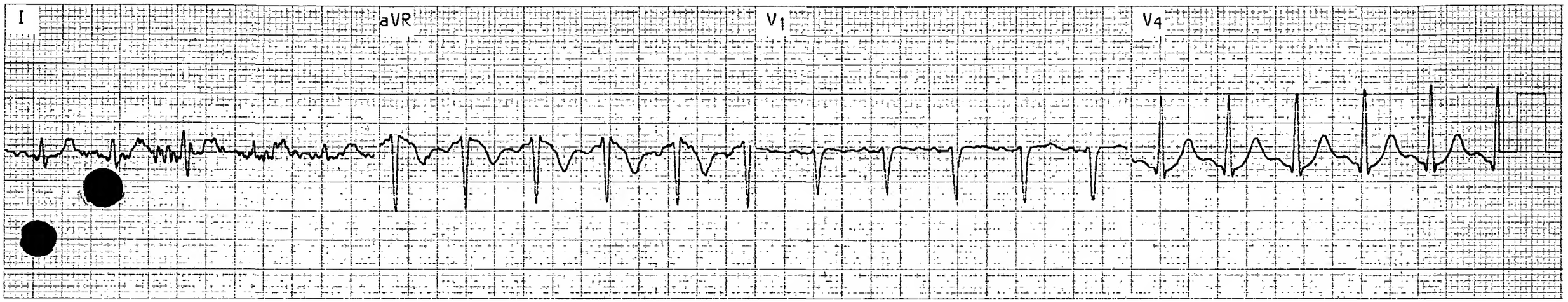


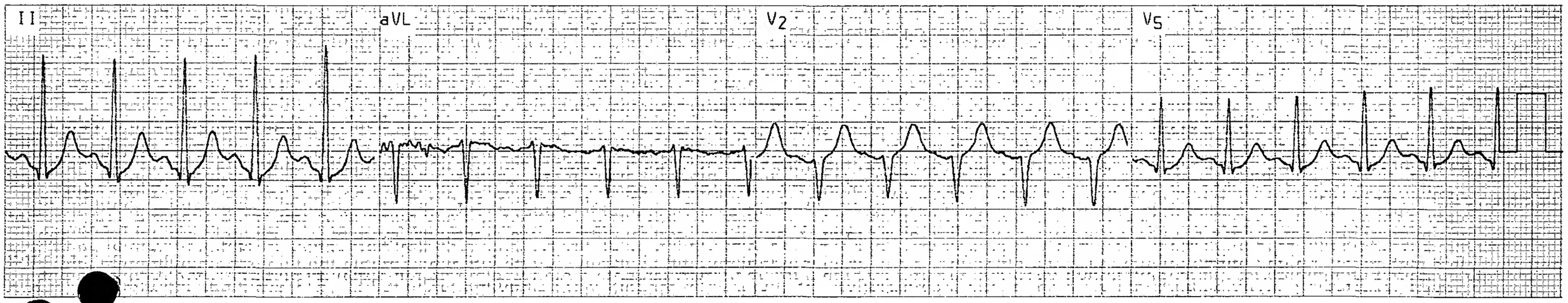


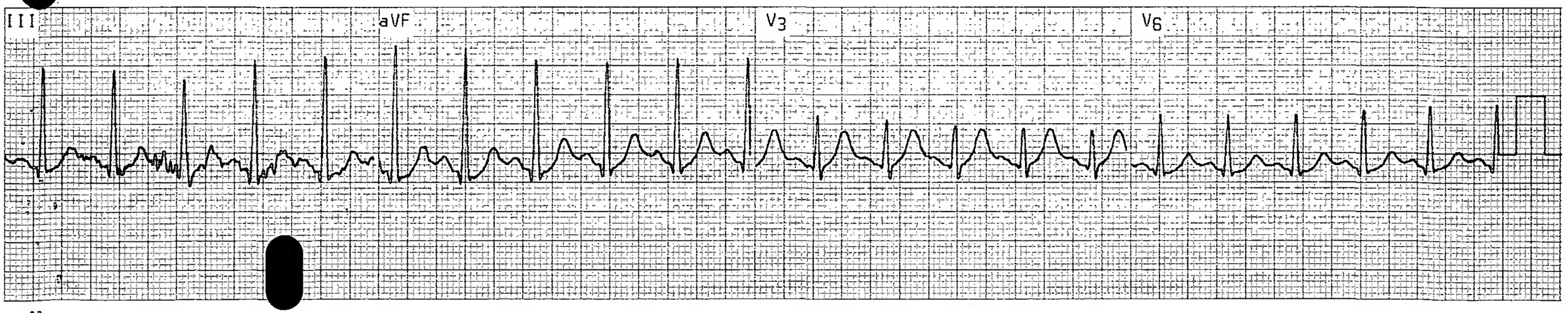
12 Lead ST Level +1.0 filter on Gain x1

Recovery 6:00 ST Slope +16 HR 120 25 mm/sec

J. Oneill
2-24-87



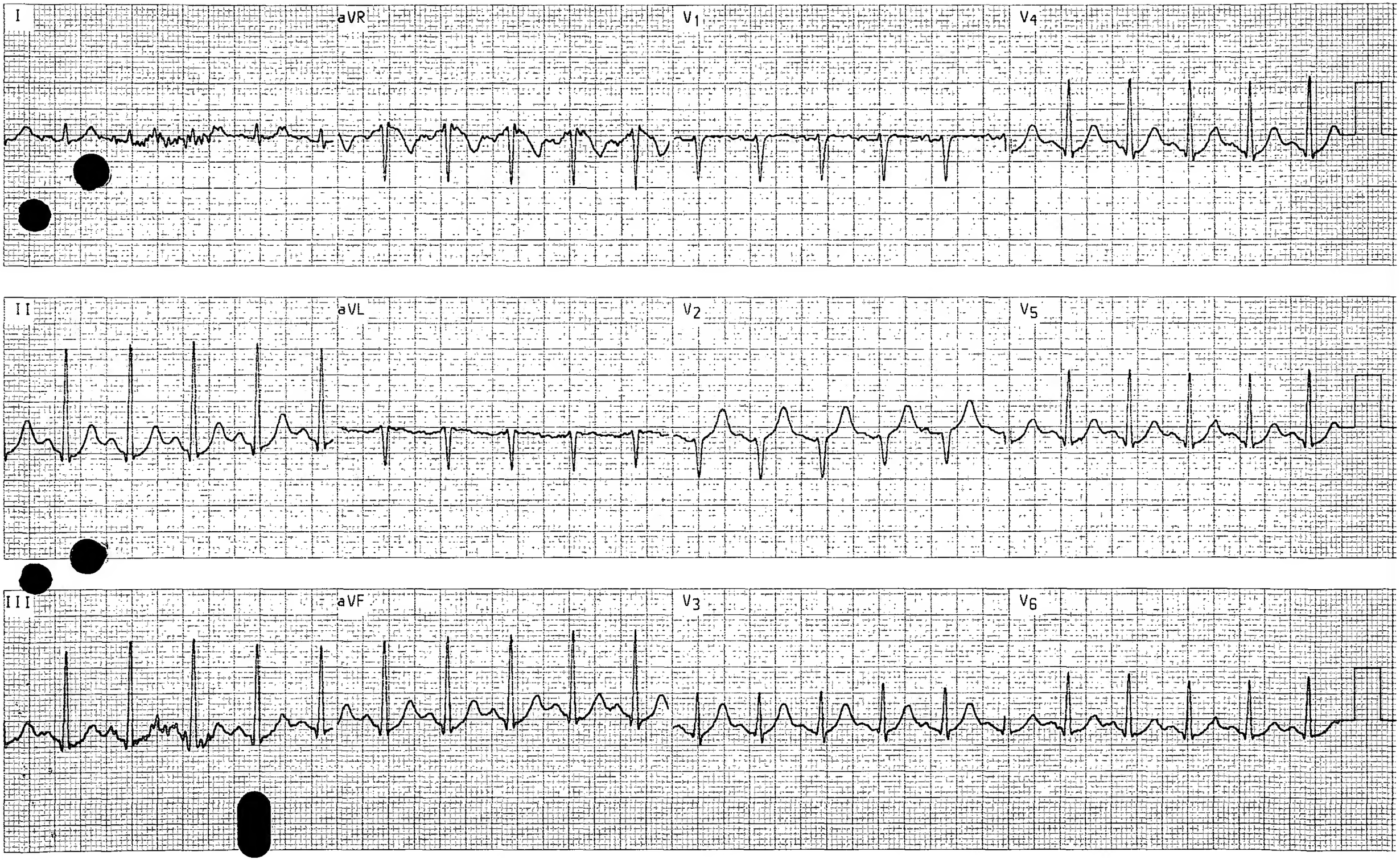




12 Lead ST Level +0.6 filter on Gain x1

Recovery 8:00 ST Slope +13 HR 118 25 mm/sec

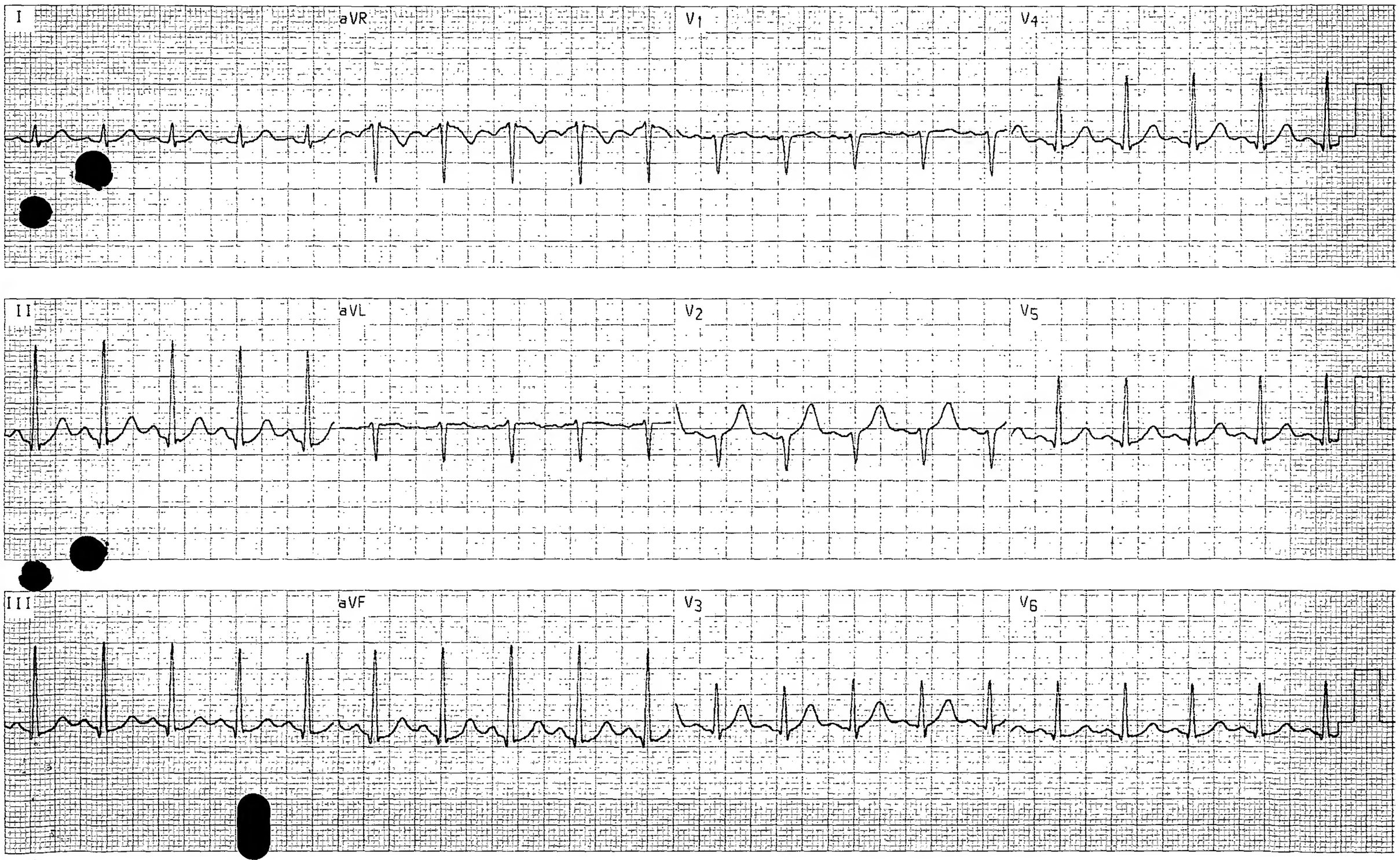
J. Oneill
2-24-87



12 Lead ST Level +0.3 filter on Gain x1

Recovery 14:13 ST Slope +5 HR 114 25 mm/sec

J. O'neall
2-24-87



Q3000 F I N A L R E P O R T

Patient: [redacted] Physician: [redacted] Date:

Address: Phone:

Patient ID: Height: Weight: Age: Sex: M F

Brief History: [redacted]

Medications: Target HR:

Protocol: V ADVANCED II ST Level at J + 80ms II ST Slope from J + 0ms to J + 60ms

Event	Speed (MPH)	Grade (%)	HR (BPM)	ST Level (mm)	ST Slope (mm/sec)	Comments
rest	1		102	+0.8	+1	
stage 1	3.0	0.0	111	+0.2	+6	
stage 2	3.0	7.5	128	+0.0	+5	
stage 3	3.0	15.0	150	-0.1	+15	
stage 4	3.2	20.0	165	+0.3	+20	
stage 5	3.4	25.0	176	+0.2	+23	
stop exercise @ 11:00			186	-0.3	+21	
recovery @ 2:00			149	+3.2	+36	
recovery @ 4:00			133	+2.4	+31	
recovery @ 6:00			120	+1.0	+16	
recovery @ 8:00			118	+0.6	+13	
recovery @ 10:00			116	+0.2	+8	

Interpretation: METS achieved: 17.8

x_____

STANDARD FORM 93
REV. OCTOBER 1974
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'NEILL, JOHN P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*	**4. POSITION** *(title, grade, component)*
n/a	SUPERVISORY SPECIAL AGENT

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*
FITNESS FOR DUTY	2/24/87	N. Arundel Cardiac Fitness Center 200 Hospital Dr., Glen Burnie, MD 21061

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

EXCELLENT - No Medications Used

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble				or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓			High or low blood pressure		✓		Recurrent back pain				Had a change in monstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Supervisory Special Agent - FBI

14. ARE YOU (Check one)

☐ Right handed ☑ Left handed

93-103

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b7C

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details).*
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

(18) Mole Removed by surgery from Right Shoulder Blade area of back-age 6-1958
Tonsillectomy - age 8 - 1960
appendectomy - age 11 - 1963
(19) Hospitalized for above surgery only:
1958 - Dr Hillebrant's Hospital Ventnor, N.J.
1960 - Same as 1958
1963 Atlantic City Medical Center Atlantic City N.J.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
JOHN P. O'NEILL	J. P. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

TYPED OR PRINTED NAME OR RUBBER STAMP OF EXAMINER	DATE	NUMBER OF ATTACHED SHEETS
	2/24/67	

00 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (Type or print) O'NEILL (Last) JOHN (First) P. (Middle)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☑ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

_____

FBI/DOJ

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☑ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

_____

_____

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_____

2/24/87

Date

NORTH ARUNDEL CARDIAC FITNESS AND REHABILITATION CENTER

PRE-STRESS TEST INTERVIEW

Name John P. O'Neill Age 35 Ht. 6'0" Wt. 204 Date 7/24/80

1. What Medications do you take? None

2. Did you take your medications this morning? No

3. Have you had anything to eat or drink this morning? No If yes, what and when?

4. Do you smoke cigarettes? No If yes, how many per day?

When was your last cigarette?

5. Have you had any unusual problems lately (chest pain, SOB, joint problems, etc.)? No If yes, explain

6. Have you been doing any regular exercise? yes If yes, what kind? Racketball How much and how often? 2 times a week

7. Do you ever have any problems while exercising? No

If yes, explain

8. Do you have any orthopedic (Bone or joint) problems? No

If yes, explain Have you ever had any orthopedic surgery? What kind and when?

9. Have you been sick recently? No If yes, explain

10. Is there anything you would like to tell or ask the doctor about the stress test or your exercising? No

NORTH ARUNDEL CARDIAC FITNESS & REHABILITATION CENTER

LIFE RESOURCES INC.
Preventive Health Management
Health Information Processing
Health Care Cost Containment

INFORMED CONSENT FOR EXERCISE STRESS TEST & LABORATORY EVALUATION

(Pulmonary)

1. Explanation of Tests and Benefits to be Expected:

In order to determine an appropriate plan of medical management, I hereby consent to voluntarily engage in an exercise test to determine the state of my heart and circulation. I also consent to have a blood sample drawn for blood chemistry analysis and to the performance of a lung function test and a body fat analysis. The information thus obtained will help my physician in advising me as to the activities in which I may engage.

Before I undergo the test, I will be interviewed and my records will be reviewed to determine if any condition exists that would contra-indicate the performance of the test. The test which I will undergo will be performed on a Quinton Treadmill with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, or the doctor determines that the test should be stopped.

During the test, pulse, blood pressure and electrocardiogram will be monitored. Additionally, a special device will be attached to your ear to monitor the oxygen content of your blood.

2. Risks:

There exists the possibility of adverse changes occurring during the test. These could include abnormal blood pressure, fainting, disorders of heart hythm, and very rare instances of heart attack. Every effort will be made to minimize these by preliminary examination and by observations during the test. Emergency equipment and trained personnel are available to deal with the unusual situations which may arise.

3. Confidentiality and Uses of Information:

The information which is obtained in this test will be treated as privileged and confidential and will not be released or revealed to any person without my express written consent. I further understand that any information about my participation in the exercise program or about my future health or work status will also be treated as privileged and confidential.

NORTH ARUNDEL CARDIAC FITNESS AND REHABILITATION CENTER

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b7C

EXERCISE STRESS TEST SUMMARY

NAME John O'Neill AGE 35 M.D _____ DATE 2-24-87

MEDICATIONS N/A

CLINICAL INFORMATION

RESTING EKG: (Norm) Bdline Abnorm Interpretation: _____

Supine HR 78 pred Supine BP 120/84 Standing HR 92 Standing BP 120/84

EXERCISE 184-190 Protocol IV Fitness

Stage	METs	Speed	Grade	Min.	HR	BP	RPE	Signs-Symptoms	EKG Changes
I	3.3	3.0	0	2	111	140/80	9		
II	6.4	3.0	7.5	4	127	144/88	11		
III	9.5	3.0	15.0	6	148	160/90	12		
IV	12.2	3.2	20.0	8	162	165/80	13		
V	15.3	3.4	25.0	10	175	170/70	15	leg pain - Fatigue	
VI	17.2	6.0	19.0	12	186	stopped		(11:00 min) Reached max	
VII									
VIII									
IX									
X									

POST EXERCISE

Time	HR	BP	Signs-Symptoms	EKG Changes	Remarks
IPE	186	130/70			Termination criteria:
1 Min	157	140/68	1 PVC		
2 Min	149	138/70	11		
4 Min	133	144/80	1111		
6 Min	120	138/80	11		
8 Min	118	130/80	111 14 min - 114		

Exercise EKG: (Norm) Bdline Abnorm Interpretation: _____

Post-Exercise EKG Interpretation: _____

MET Level Acheived _____ Prescribed Exercise HR Range _____

CONCLUSIONS: Normal Exercise tolerance test
No evidence ischemia
SA tachycardia Fitness level

M.D Sig _____

FIF25-75% (L/s)	0.11	0.27
INSP. Tst Time(s)	18.56	6.88

Comments:

MVV

(No Pre- MVV performed)

Function	Pred	Meas	%Prd
MVV (L/min)	151.58		
MVV (L/s)	2.53		
Test time (sec)			
Vt (L)			
RR (brths/min)			

NORTH ARUNDEL CARDIAC FITNESS AND REHABILITATION CENTER
200 HOSPITAL DRIVE LL 10
GLEN BURNIE, MARYLAND 21061 301/768-6644

PULMONARY FUNCTION REPORT

(Pre- Summary)

Name: JOHN O'NEILL ID #: 147421004

Best ---
Pred ...

NORTH ARUNDEL CARDIAC FITNESS AND REHABILITATION CENTER
200 HOSPITAL DRIVE LL 10
GLEN BURNIE, MARYLAND 21061 301/768-6644

PULMONARY FUNCTION REPORT
(Pre- Summary)

Name: JOHN O'NEILL ID #: 147421004 b6
Age: 35 Sex: M Height: 72 in. Weight: 204 lb. b7C
Smoking history: 0 pack-years Race: CAUC
Doctor: [redacted] Tech: [redacted]
Predicteds: Crapo File: J00Z40E8 Report #: 1 DEMO STANDARD REPORT
Comments:

~~~~~~~~~~ Interpretation ~~~~~~~~~~

Spirometry within normal limits.
(Subject to physician's review)

~~~~~~~~~~ Exp/Insp ~~~~~~~~~~
(Pre-: 02-24-1987 12:18:17)

Function		Pred	Best Meas	Best %Prd	Incn Meas	Incn %Prd	Incn Meas	Incn %Prd
FVC	(L)	5.57	5.29	95%	4.62	83%	4.52	81%
FEV1	(L)	4.53	4.70	104%	4.36	96%	4.32	95%
FEV1/FVC		0.81	0.89	109%	0.94	115%	0.96	118%
PEFR	(L/s)	9.75	6.63	68%	7.66	79%	7.69	79%
FEF.2-1.2	(L/s)		2.06		4.09		6.05	
FEF50%	(L/s)	6.03	6.33	105%	6.32	105%	6.85	114%
FEF25-75%	(L/s)	4.53	5.62	124%	6.00	132%	6.33	140%
EXP Test Time	(s)		3.72		2.69		2.25	
FIVC	(L)		2.48		2.50			
FIV1	(L)		0.59		0.45			
FIV1/FIVC			0.24		0.18			
PIFR	(L/s)		1.43		0.71			
FIF.2-1.2	(L/s)		0.15		0.28			
FIF25-75%	(L/s)		0.11		0.27			
INSP Tst Time	(s)		18.56		8.88			

Comments:

~~~~~~~~~~ MVV ~~~~~~~~~~
(No Pre- MVV performed)

Function		Pred	Meas	%Prd
MVV	(L/min)	151.58		
MVV	(L/s)	2.53		
Test time	(sec)			
Vt	(L)			
RR	(brths/min)			
~~~~~~~~~~

b6
b7C

MARYLAND MEDICAL LABORATORY, INC.

Main Office: Pathology Building
1901 Sulphur Spring Road, P.O. Box 24080
Baltimore, Maryland 21227-0580
BALTO. AREA (301) 247-9100 / WASH. AREA (301) 596-0560

PHYSICIAN

[redacted]
FITNESS & CARDIAC REHAB.
CENTER
200 HOSPITAL DRIVE
GLEN BURNIE MD 21061 (C-1)

PATIENT

ONEILL, JOHN P
7142 AMBASSADOR RD
BALTIMORE MD 21207

SPECIMEN COLLECTED: 2/20/87 12:05PM

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LABORATORY REPORT
ONEILL, JOHN P	02/20/87	35	M	A87145274	

CONTINUATION OF REPORT

HDL-CHOLESTEROL	38	MG/DL	(29-62)
% HDL-CHOLESTEROL	18.9	%	(15-75)
C-TOTAL/C-HDL RATIO	5.3		

C-TOTAL/C-HDL RATIO	RELATIVE RISK *
LESS THAN 3.43	LOW
3.43 - 4.96	BELOW AVERAGE
4.97	AVERAGE
4.98 - 9.55	ABOVE AVERAGE
GREATER THAN 9.55	HIGH

* IN ORDER TO DETERMINE THE RELATIVE RISK OF DEVELOPING CORONARY ARTERY DISEASE, TAKE THE VALUE FOR C-TOTAL/C-HDL RATIO AND DETERMINE WHERE THE VALUE FITS INTO THE ABOVE TABLE.

IMMUNOLOGY:

RAPID PLASMA REAGIN (SCREEN)---- NON-REACTIVE
(NORMAL: NON-REACTIVE
(SIGNIFICANT: REACTIVE

[redacted]

(COMPLETED) 02/21/87
DATE REPORTED

MARYLAND MEDICAL LABORATORY, INC.

Main Office: Pathology Building
1901 Sulphur Spring Road, P.O. Box 24080
Baltimore, Maryland 21227-0580
BALTO. AREA (301) 247-9100 / WASH. AREA (301) 596-0560

b6
b7C

PHYSICIAN

[redacted]
FITNESS & CARDIAC REHAB.
CENTER
200 HOSPITAL DRIVE
GLEN BURNIE MD 21061 (C-1)

PATIENT

ONEILL, JOHN P
7142 AMBASSADOR RD
BALTIMORE MD 21207

SPECIMEN COLLECTED: 2/20/87 12:05PM

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER
ONEILL, JOHN P	02/20/87	35	M	A87145274

LABORATORY REPORT

HEMATOLOGY:

RBC	4.86	MEGA.	(4.4-6.0)	WBC	6.1	KILO.	(4.3-10.5)
HGB	16.1	GM/DL	(13.5-17.5)	BANDS	6	%	(0-8)
HCT	46.7	%	(40-53)	POLYS	52	%	(40-80)
MCV	96	CUU.	(80-100)	LYMPHS	35	%	(10-49)
*MCH	33.1	UUG.	(26-33)	MONOS	3	%	(1-12)
MCHC	34.5	%	(32-36)	EOSIN	3	%	(0-7)
				BASOS	1	%	(0-2)
				ATYP LYMPH	0	%	(0-2)

COMMENT:
PLATELETS---------- ADEQUATE

CLINICAL MICROSCOPY:

COLOR	AMBER-MILD TURBIDITY	SP. GRAV.	1.024
PH	5.0	PROTEIN	NEG.
GLUCOSE	NEG.	ACETONE	NEG.
BILIRUBIN	NEG.	BLOOD	NEG.
LEUK. EST.	NEG.		

MICROSCOPIC:

WBC/HPF	0	RBC/HPF	0
EPITH. CELLS/HPF	0	BACTERIA	SLIGHT
MUCUS	MARKED		

CHEMISTRY:

LDH	131	IU/L	(70-200)	GLUCOSE	92	MG/DL	(65-115)
SGOT	24	IU/L	(0-50)	BUN	16	MG/DL	(8-22)
SGPT	36	IU/L	(0-50)	CREATININE	1.0	MG/DL	(0.9-1.4)
ALK PHOS	116	IU/L	(35-130)	BU/CR RATIO	16.0		(10-25)
TOT. BILI	0.9	MG/DL	(0.2-1.4)	URIC ACID	7.4	MG/DL	(3.5-8.4)
DIR. BILI	0.1	MG/DL	(0.0-0.4)	CALCIUM	10.3	MG/DL	(8.7-10.6)
IND. BILI	0.8	MG/DL	(0.1-1.0)	PHOSPHATES	3.7	MG/DL	(2.7-4.6)
TOT.PROT.	7.7	GM/DL	(6.3-8.2)	SODIUM	139	MEQ/L	(137-147)
ALBUMIN	4.9	GM/DL	(3.7-5.5)	POTASSIUM	4.1	MEQ/L	(3.7-5.3)
GLOBULIN	2.8	GM/DL	(1.8-3.5)	CHLORIDE	107	MEQ/L	(97-110)
A/G RATIO	1.75		(1.10-2.60)	CO/2	27	MEQ/L	(22-32)

CHOLESTEROL---------- 201 MG/DL (MODERATE RISK-OVER 220)
(HIGH RISK-----OVER 240)

TRIGLYCERIDE---------- 117 MG/DL (58-250)

[redacted]

DATE REPORTED

Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

DIV-6

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
O'NEILL, JOHN P.	SUPV. SPECIAL AGENT	147-42-1004
4. HOME ADDRESS (*Number, street or RFD, city or town, State and ZIP Code*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
n/a	FITNESS FOR DUTY	2/24/87

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Caucasian				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52 (35)		

15. EXAMINING FACILITY OR EXAMINER AND ADDRESS	16. OTHER INFORMATION
North Arundel Cardiac Fitness Center 200 Hospital Dr., Glen Burnie, MD 21061	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (*Ext. & ext. canals*) (*Auditory acuity under items 70 and 71*)	
	23. DRUMS (*Perforation*)	
✓	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (*Equality and reaction*)	
✓	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
✓	28. LUNGS AND CHEST (*Include breasts*)	
✓	29. HEART (*Thrust, size, rhythm, sounds*)	
✓	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
✓	31. ABDOMEN AND VISCERA (*Include hernia*)	
✓	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (*Strength, range of motion*)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
✓	42. PSYCHIATRIC (*Specify any personality deviation*)	
N/A	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

5/4/87 Annual physical and Cardiac stress test, WNL. -

[redacted] RJ

b6
b7C

Retain Hosp. Stay neg.

(Continue in item 73)

3 (HH)

44. DENTAL (*Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.*)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

(0 1 2 3 / 32 31 30 — *Restorable teeth*; 1 2 3 / 32 31 30 — *Non-restorable teeth*; 1 2 3 / 32 31 30 — *Missing teeth*; K K K / 32 31 30 K K K — *Replaced by dentures*; (K) / 32 31 30 (K) — *Fixed Partial dentures*)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Clear T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1024	46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	Trace	N/A
C. SUGAR	Trace	
D. MICROSCOPIC	Mucus noted Rare Light	

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR-Dne	WNL	N/A	Stress Test WNL

88-116

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
6'0"	204	Brown	Hazel	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	97

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 122 DIAS. 82	B. RECUMBENT	SYS. 126 DIAS. 80	C. STANDING (3 min.)	SYS. 119 DIAS. 78	A. SITTING 66	B. AFTER EXERCISE 104	C. 2 MIN. AFTER 84	D. RECUMBENT 72	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 50	CORR. TO 20/ 20	BY	S.	CX	20/ 25	CORR. TO	BY
LEFT 20/ 30	CORR. TO 20/ 15	BY	S.	CX	20/ 30	CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	Ishihara: WNL		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
				250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
RIGHT WV	/15 SV	/15	RIGHT	25	20	10	10	10	10			
LEFT WV	/15 SV	/15	LEFT	25	20	5	5	15	20			

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☑ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

b6
b7C

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Interpretation of Exercise EKG

1._____ Normal EKG at maximal effort: heart rate _____

2._____ Normal EKG at submaximal (90% predicted)heart rate

3._____Normal EKG at submaximal heart rate of_____

4._____Abnormal ST junction and segment shift (3 consecutive beats)

a. Junction elevated _____ mm

b. Junction depressed _____ mm

c. ST segment (from J point to at least .08 seconds):

_____downsloping

_____flat

_____slowly rising

d. Leads where changes seen _____

_____

5._____ST junction depression but segment normal (probably a normal response)

6._____Tracing technically inadequate for interpretation

7._____Other_____

Conclusions

1._____Negative exercise stress test

2._____Positive exercise stress test due to _____

_____

3._____Borderline pos. exercise stress test

4._____Uninterpretable exercise stress test

5._____Negative exercise stress test with hypertensive response to exercise

Recommendations

1._____O.K. to begin exercise:_____Program

2._____Refer back to private physician

3._____Further tests or treatment recommended:_____

_____

_____

M.D. Signature

NORTH ARUNDEL CARDIAC FITNESS AND REHABILITATION CENTER
200 HOSPITAL DRIVE LL 10
GLEN BURNIE, MARYLAND 21061 301/768-6644

PULMONARY FUNCTION REPORT Page 1
(Pre- Summary)

Name: JOHN O'NEILL ID #: 147421004
Age: 35 Sex: M Height: 72 in. Weight: 204 lb. b6
Smoking history: 0 pack-years Race: CAUC b7C
Doctor: [redacted] Tech: [redacted]
Predicteds: Crapo File: J00Z40E8 Report #: 1 DEMO STANDARD REPORT
Comments:

~~~~~~~~~~~ Interpretation~~~~~~

Spirometry within normal limits.
(Subject to physician's review)

~~~~~~~~~~~ Exp/Insp ~~~~~~
(Pre-: 02-24-1987 12:18:17)

Function		Pred	Best Meas	Best %Prd	Incn Meas	Incn %Prd	Incn Meas	Incn %Prd
FVC	(L)	5.57	5.29	95%	4.62	83%	4.52	81%
FEV1	(L)	4.53	4.70	104%	4.36	96%	4.32	95%
FEV1/FVC		0.81	0.89	109%	0.94	115%	0.96	118%
PEFR	(L/s)	9.75	6.63	68%	7.66	79%	7.69	79%
FEF.2-1.2	(L/s)		2.06		4.09		6.05	
FEF50%	(L/s)	6.03	6.33	105%	6.32	105%	6.85	114%
FEF25-75%	(L/s)	4.53	5.62	124%	6.00	132%	6.33	140%
EXP Test Time(s)			3.72		2.69		2.25	
FIVC	(L)		2.48		2.50			
FIV1	(L)		0.59		0.45			
FIV1/FIVC			0.24		0.18			
PIFR	(L/s)		1.43		0.71			
FIF.2-1.2	(L/s)		0.15		0.28			

b6
b7C

Name: JOHN O'NEILL ID #: 147421004
Age: 35 Sex: M Height: 72 in. Weight: 204 lb.
Smoking history: 0 pack-years Race: CAUC
Doctor: [redacted] Tech: [redacted]
Predicteds: Crapo File: JOOZ4058 Report #: 1 DEMO STANDARD REPORT
Comments:

Interpretation

Spirometry within normal limits.
(Subject to physician's review)

Exp/Insp

(Pre-: 02-24-1987 12:18:17)

Function		Pred	Best Meas	Best %Prd	Incn Meas	Incn %Prd	Incn Meas	Incn %Prd
FVC	(L)	5.57	5.29	95%	4.62	83%	4.52	91%
FEV1	(L)	4.53	4.70	104%	4.36	96%	4.32	95%
FEV1/FVC		0.81	0.89	109%	0.94	115%	0.96	118%
PEFR	(L/s)	9.75	6.63	68%	7.66	79%	7.69	79%
FEF.2-1.2	(L/s)		2.06		4.09		6.05	
FEF50%	(L/s)	6.03	6.33	105%	6.32	105%	6.85	114%
FEF25-75%	(L/s)	4.53	5.62	124%	6.00	132%	6.33	140%
EXP Test Time	(s)		3.72		2.69		2.25	
FIVC	(L)		2.48		2.50			
FIV1	(L)		0.59		0.45			
FIV1/FIVC			0.24		0.18			
PIFR	(L/s)		1.43		0.71			
FIF.2-1.2	(L/s)		0.13		0.28			
FIF25-75%	(L/s)		0.11		0.27			
INSP Tst Time	(s)		18.56		8.98			

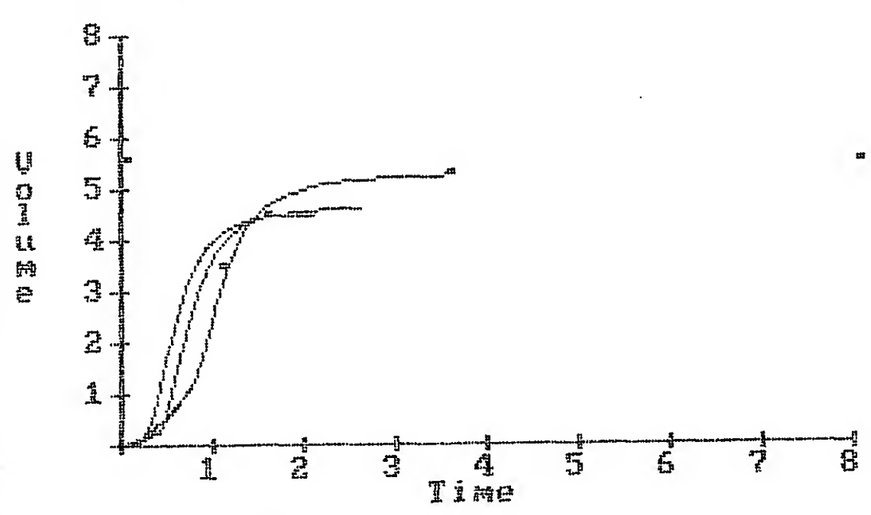
Comments:

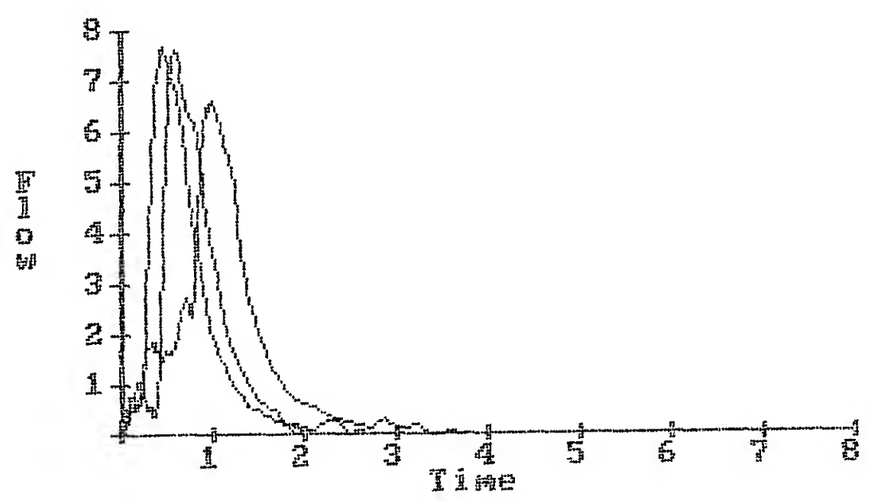
MVV

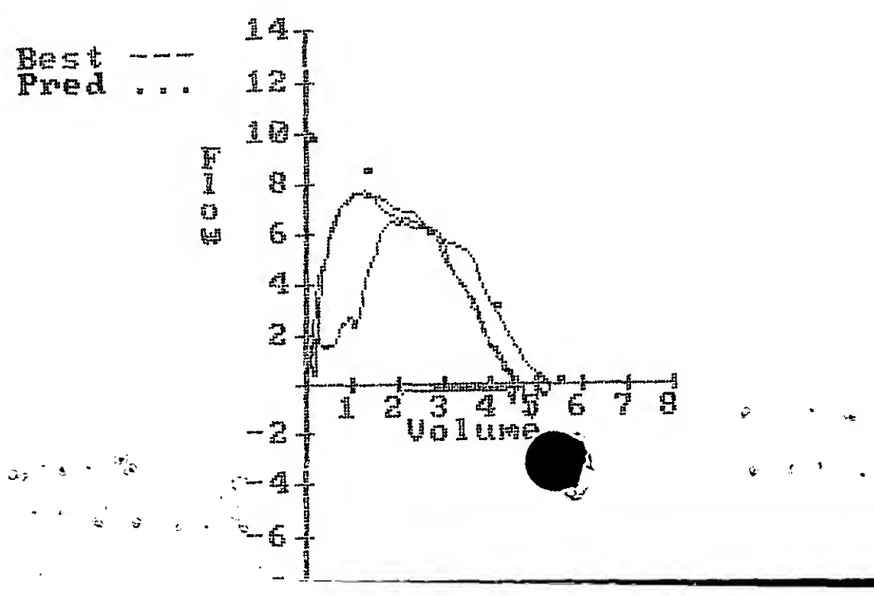
(No Pre- MVV performed)

Function		Pred	Meas	%Prd
MVV	(L/min)	151.58		
MVV	(L/s)	2.53		
Test time	(sec)			
Vt	(L)			
RR	(brths/min)			

Best ---
Pred ...







MEDICAL REPORTS

Personnel File of: O'NEILL, JOHN P.

Personnel File No.

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101–11.8

FBI

Approved
Office of Management and Budget No. 29–R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'Neill, John P.	147-42-1004
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION** (City, grade, component)
3102 Furman Lane #201 Alexandria, VA.	GS 7 Research Analyst

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
Special Agent Applicant	4/1/76	Bethesda Naval Hospital

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent Health, No Medications used

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis	✓		Wear glasses or contact lenses
	✓	Coughed up blood	✓		Have vision in both eyes
	✓	Bled excessively after injury or tooth extraction		✓	Wear a hearing aid
	✓	Attempted suicide		✓	Stutter or stammer habitually
	✓	Been a sleepwalker		✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Research Work

14. ARE YOU (Check one)

☐ Right handed ☑ Left handed

93–101

Do Not Transmit Enclosed Material
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details).*
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

b6
b7C

Mole Removed by SURGERY FROM Right Shoulder BLADE AREA OS The BACK AGE 6 - 1958
TONSILLECTOMY 1960 - AGE 8
APPENDIX REMOVE 1963 - AGE 11

HOSPITALS - FOR ABOVE SURGERY ONLY

1958 - DE HILDERBRANTS HOSPITAL
VENTNOR, N.J.
DID NOT STAY OVERNIGHT.
1960 - DE HILDERBRANTS HOSPITAL
VENTNOR, N.J.
1963 - ATLANTIC CITY HOSPITAL
ATLANTIC CITY, N.J.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
JOHN P. O'NEILL	John P. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	4/1/76		

REVERSE OF STANDARD FORM 93

GPO:1971 O-422-099

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'NEILL JOHN P.	147-42-1004
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION** (Title, grade, component)
1142 Ambassador Rd, Balt, Md	SPECIAL AGENT, FBI

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
FITNESS FOR DUTY	8/6/79	KIRK ARMY HOSPITAL APG, MARYLAND

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent, No Medications Used

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓				✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓			High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Special Agent

14. ARE YOU (Check one)

☐ Right handed ☑ Left handed

Do Not Transmit Enclosed Material With Official Personnel Folder.

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details*).
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
✓	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

b6
b7C

18. Mole Removed by Surgery From Rt. Shoulder
Bladder area of the back Age 6 - 1958
Tonsillectomy Age 8 - 1960
Appendix Remove Age 11 - 1963

19. Hospitalized for above Surgery only
1958 - Rahilderants Hospital
Ventnor, N.J.
1960 - Same as above.
1963 - Atlantic City Hospital
Atlantic City, N.J.

21. High Blood Pressure
1978
Dubings Mills, MD.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
JOHN P. O'NEILL	JOHN P. O'NEILL

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

#18 - 19 - 21 - NO Sequelae

TYPED OR PRINTED NAME OF EXAMINER	SIGNATURE OF EXAMINER	DATE	NUMBER OF ATTACHED SHEETS
[redacted] P.A.	[redacted]	6 AUG 71	

WOI, USA
SSN 265-80-2205

REVERSE OF STANDARD FORM 93

GPO OFFICE: 1971—O—424-003

STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101–11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'Neill John P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*	**4. POSITION** *(title, grade, component)*
7142 Ambassador Rd, Balto, Md	Special Agent

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*
Fitness for duty	10/18/82	Central Medical Center, Hunt Valley Md.

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

Excellent, No medications used

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble						✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓			High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

SPECIAL AGENT

14. ARE YOU *(Check one)*

☐ Right handed ☑ Left handed

Do Not Transmit Enclosed Mater
With Official Personnel Folder.

93-102

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details).*
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

b6
b7C

(18) Mole Removed by Surgery from Right Shoulder Blade area of Back - age 6 1958
Tonsillectomy - age 8 - 1960
appendix Removed. age 11 - 1963

(19) Hospitalized for above Surgery only
1958 - Dehilderbrant's Hospital
Ventnor, N.J.
1960 - ~~Atlantic~~ Same as above.
1963 - Atlantic City Medical Center
Atlantic City, N.J.

(21) High Blood Pressure
1978

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
JOHN P. O'NEILL	J. P. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

1) High Blood pressure readings 1978 - No sustained HBP
No meds for 4yrs.
2) Removal of Veins - Back - 1958
3) T & A 1960
4) Appendectomy 1963

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SI	NUMBER OF ATTACHED SHEETS
M. D.	10/18/82		3

REVERSE OF STANDARD FORM 93

☆ GPO : 1977 O - 261-647 (3261)

STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'NEILL, JOHN P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*	**4. POSITION** *(title, grade, component)*
n/a	SUPERVISORY SPECIAL AGENT

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*
FITNESS FOR DUTY	11/22/85	Life Resources, 200 Hospital Dr. Glen Burnie, MD 21061

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

Excellent! No medications used

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
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	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓				✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
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	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓			High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

SUPERVISORY SPECIAL AGENT - FBI.

14. ARE YOU *(Check one)*

☐ Right handed ☑ Left handed

93-102

Do Not Transmit Enclosed Material With Official Personnel Folder.

JB

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of:
	✓	A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
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	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)*
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.)*

b6
b7C

(18) Mole removed by surgery from Right shoulder Blade Area of Back - age 6 - 1958
Tonsillectomy - age 8 - 1960
appendectomy - age 11 - 1963

(19) Hospitalized for above Surgery only
1958 Dehaddenbrent's Hospital Ventnor, N.J.
1960. Same as 1958.
1963. Atlantic City Medical Center Atlantic City, N.J.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
John P. O'Neill	John P. O'Neill

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25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

TYPED [illegible] EXAM[illegible]	DATE	SIGNATU[illegible]	NUMBER OF ATTACHED SHEETS
[redacted] MD	4/12/80	[redacted]	

REVERSE [illegible] STANDARD FORM 93

☆ GPO : 1977 O - 261-647 (3261)

National Health Laboratories
INCORPORATED

1007 ELECTRIC AVENUE
VIENNA, VIRGINIA 22180
PHONE (703) 281-5100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONEILL JOHN P	M	37	590477	03/22/89	03/23/89	2710012 0431

TEST	RESULTS		ABNORMAL FLAG	NORMAL VALUES
	FINAL REPORT			
PROFILE 5477				
HEALTH SURVEY PROFILE I				
GLUCOSE	69	MG/DL		65 - 115
BLOOD UREA NITROGEN	17	MG/DL		7 - 25
CREATININE	1.0	MG/DL		0.6 - 1.5
SODIUM	142	MEQ/L		135 - 147
POTASSIUM	4.0	MEQ/L		3.5 - 5.3
CHLORIDE	105	MEQ/L		96 - 109
CARBON DIOXIDE	20	MEQ/L	LOW	22 - 32
URIC ACID	12.5	MG/DL	HI	M: 3.0 - 9.0 F: 2.2 - 7.7
TOTAL PROTEIN	7.8	G/DL		6.0 - 8.5
ALBUMIN	5.2	G/DL		3.5 - 5.5
GLOBULIN	2.6	G/DL		2.0 - 3.5
A/G RATIO	2.0			1.0 - 2.4
CALCIUM	10.2	MG/DL		8.5 -10.8
PHOSPHORUS	3.8	MG/DL		2.5 - 4.5
CHOLESTEROL	194	MG/DL		DESIRABLE: < 200 BORDERLINE: 200-239 ELEVATED: > 239
HDL CHOLESTEROL	41	MG/DL		M: 30 - 75 F: 40 - 90
LDL CHOLESTEROL (CALC.)	139	MG/DL	***	DESIRABLE: < 130 BORDERLINE: 130-159 ELEVATED: > 159
LDL-CHOL. REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES				
CHOLESTEROL/HDL CHOL. RATIO	4.7			CHD RISK TOTAL/HDL CHOL RATIO M F 0.5 X AVG 3.4 3.3 1.0 X AVG 5.0 4.4 2.0 X AVG 9.6 7.1 3.0 X AVG 13.4 11.0
LDL/HDL CHOLESTEROL RATIO	3.40			LESS THAN 3.1
TRIGLYCERIDES	68	MG/DL		30 - 150
ALKALINE PHOSPHATASE	90	U/L		<17 YRS: 80 - 490 >17 YRS: 25 - 140
S G O T	26	U/L		0 - 40
S G P T	28	U/L		0 - 45
IF SGPT >45 DO GGT	NOT INDICATED			
LACTIC DEHYDROGENASE	139	U/L		100 - 240
TOTAL BILIRUBIN	1.4	MG/DL	HI	0.2 - 1.2
IRON	106	MCG/DL		35 - 180
C B C WITH PLATELET				
HEMATOCRIT	48.1	%		M: 39-54 F: 35-48
HEMOGLOBIN	16.8	G/DL		M: 13.0 - 18.0 F: 11.5 - 16.0
RED BLOOD COUNT	5.03	MILLION /CU.MM.		MALE: 4.4 - 6.2

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193
34
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126

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5/18/89

Director of Laboratories

National Health Laboratories
INCORPORATED

1007 ELECTRIC AVENUE
VIENNA, VIRGINIA 22180
PHONE (703) 281-5100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONEILL JOHN P	M	37	590477	03/22/89	03/23/89	2710012 0432

TEST	RESULTS	ABNORMAL FLAG	NORMAL VALUES
	FINAL REPORT		
			FEMALE: 3.8 - 5.4
MCV	96 CU. MICRONS		80 - 100
MCH	33.4 MICRO-MICRO GMS		27.0 - 34.0
MCHC	35.0 %		31.0 - 36.0
WHITE BLOOD COUNT	7.1 THOUS/CU.MM.		4.0 - 11.0
LYMPHOCYTE	17 %	LOW	18 - 46
NEUTROPHIL	78 %	HI	45 - 75
MONOCYTE	4 %		0 - 11
EOSINOPHIL	1 %		0 - 6
BASOPHIL	0 %		0 - 2
PLATELET COUNT	325 THOUS/CU.MM.		140 - 450
THYROXINE (T4) - RIA	9.1 MCG/DL		4.5 - 12.5
BILIRUBIN - INDIRECT	1.3 MG/DL mild Gilbert's Syndrome	HI	0.2 - 1.0
BILIRUBIN - DIRECT	0.1 MG/DL		0.0 - 0.4
URINALYSIS - ROUTINE			
COLOR	YELLOW		
URINE PH	5.0		5.0 - 9.0
SPECIFIC GRAVITY	1.020		1.003 - 1.030
GLUCOSE	NEGATIVE		NEGATIVE
PROTEIN	NEGATIVE		NEGATIVE
KETONES	NEGATIVE		NEGATIVE
BLOOD	NEGATIVE		NEGATIVE
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NEGATIVE		0 - 1+
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SEROLOGY (RPR) - QUAL.	NON REACTIVE		NON-REACTIVE
SEROLOGY (RPR) - QUANT.	NOT INDICATED		NON-REACTIVE
FTA (IF RPR REACTIVE)	NOT INDICATED		

b6
b7C

Director of Laboratories

National Health Laboratories
INCORPORATED

1007 ELECTRIC AVENUE

VIENNA, VIRGINIA 22180

PHONE (703) 281-5100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
[illegible]OTH AND PENN. AVENUE NW
[illegible]ASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONEILL JOHN P			612085	03/27/89	03/29/89	2710012

0901

TEST	RESULTS	ABNORMAL FLAG	NORMAL VALUES
LAB SPEC PREV SENT			
	FINAL REPORT		
OCCULT BLOOD - FECES	SOURCE: STOOL		
	NEGATIVE FOR OCCULT BLOOD.		

MC

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Director of Laboratories

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SPIROTECH, INCORPORATED
ATLANTA, GEORGIA
SPIROTECH MODEL 300
SUMMARY TABBED PRINTOUT

PATIENT NAME: [redacted]
ID: NONE
DATE: 3/22/89 TEMP=21.6C BMPST BQRR=1.098 B
RACE: WHITE HEIGHT: 72.0IN AGE: 37YRS OK
EVC DRIFT= 5% REVT BRITE: 5% BAR PRE 760.0 FEO
NORMALS: [redacted]

MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	6.03	5.38	113%
FEV.5	3.92	3.39	116%
FEV1	5.09	4.31	118%
FEV3	5.77	5.13	112%
PEFR	11.69	9.90	118%
MMEF	5.83	5.22	112%
FEF25%	8.45	9.18	92%
FEF50%	6.95	6.68	104%
FEF75%	2.67	3.46	77%
FEV.5/VC	.65		
FEV1/VC	.84	.83	102%
FEV3/VC	.96		

Non smoker EXCELERENT

[redacted]

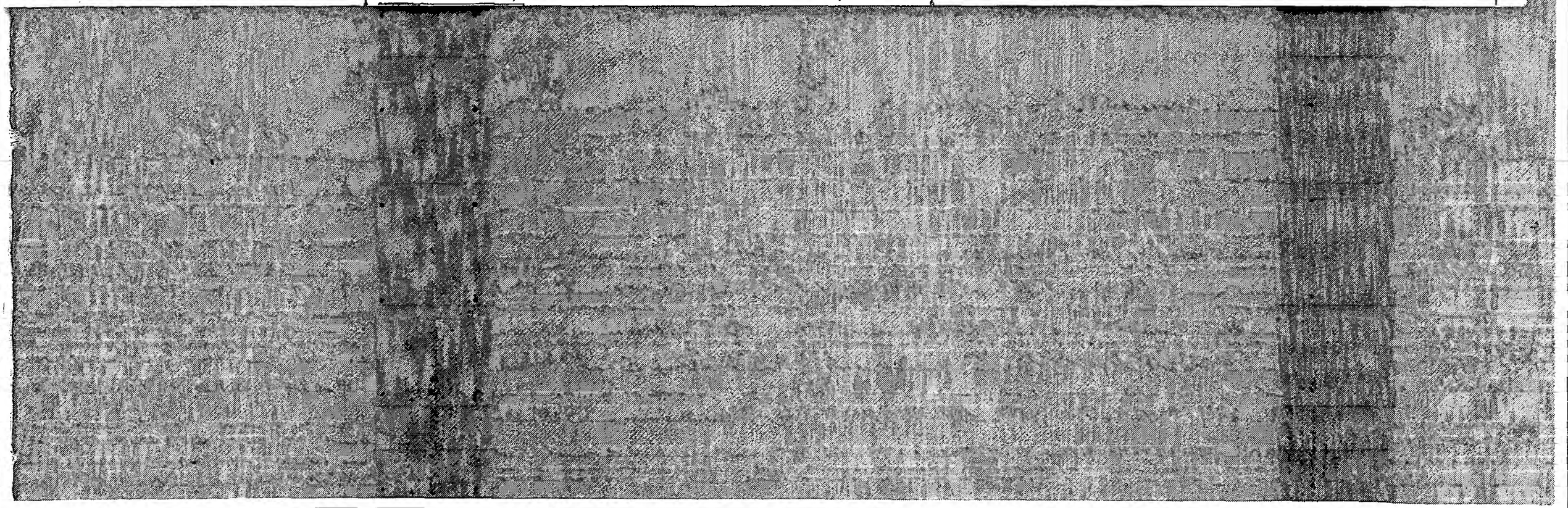
5/18/89

INDIVIDUAL SPIROGRAM RESULTS

	ACT	%PRED	ACT	%PRED	ACT	%PRED
FVC	5.78	108%	6.08	113%	5.90	110%
FEV.5	3.74	110%	3.92	116%	3.85	113%
FEV1	4.82	112%	5.08	118%	5.03	117%
FEV3	5.54	108%	6.02	112%	5.78	112%
PEFR	10.90	94%	11.89	118%	10.06	102%
MMEF	5.35	103%	5.83	112%	5.95	114%
FEF25%	8.56	93%	8.45	92%	8.97	97%
FEF50%	6.46	97%	6.95	104%	6.85	103%
FEF75%	2.31	87%	2.67	77%	2.89	84%
FEV.5/VC	.65		.65		.65	
FEV1/VC	.83	101%	.84	102%	.85	103%
FEV3/VC	.96		.96		.97	

O'Neill
3-22-89

SPIROTECH, INCORPORATED ATLANTA, GA. REORDER P/N S010-02 PRINTED IN U.S.A.



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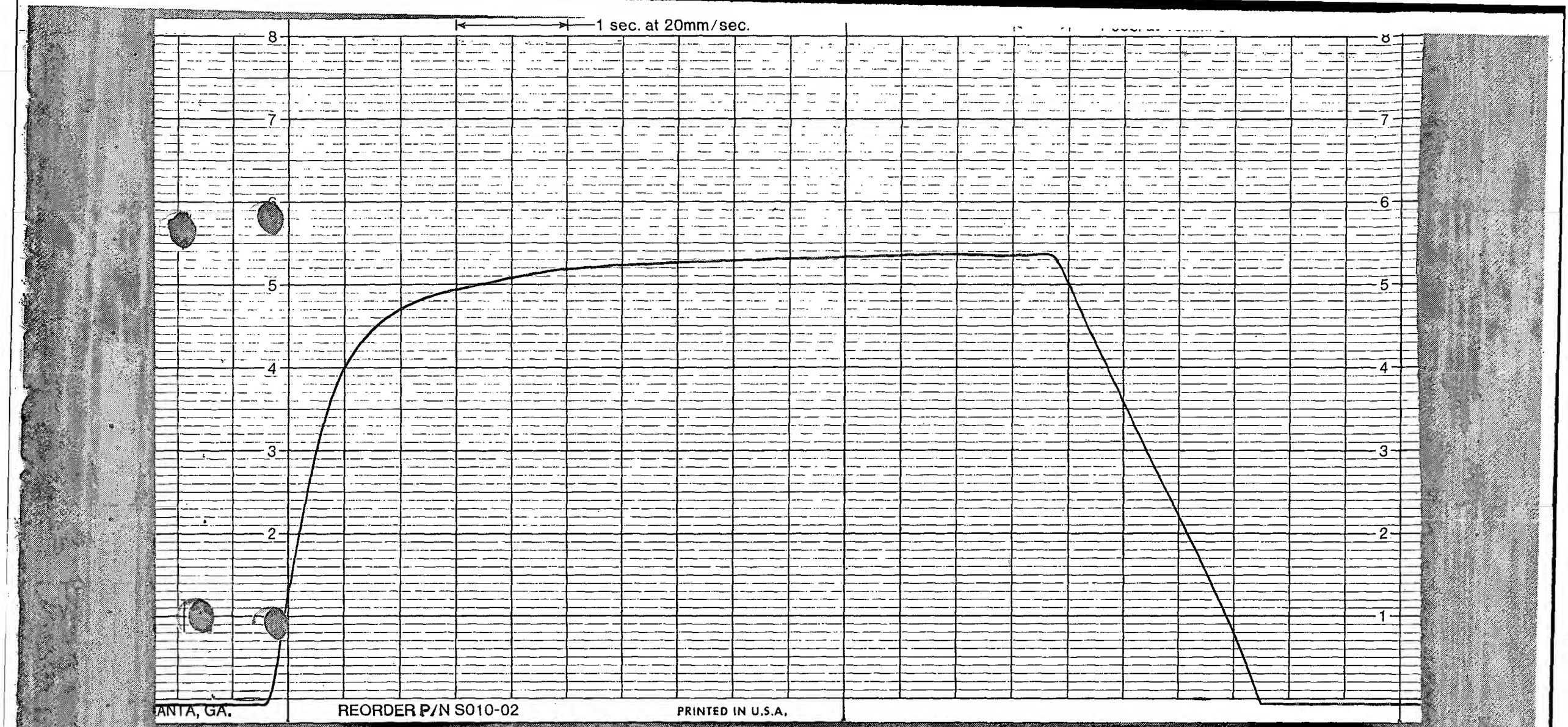
SPIROTECH, INCORPORATED

ATL



ANTA, GA.

REORDER P/N S010-02

PRINTED IN U.S.A.

O'Neill John
3-22-89

WNC
Rate 88/min.

b6
b7C

I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
RHYTHM STRIP: II
25 mm/sec; 1 cm/mV
.05-40Hz
02300

9320-4513

STANDARD FORM 93
REV. OCTOBER 1974
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'Neill, John P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*	**4. POSITION** *(title, grade, component)*
Baltimore, Md	Supervisory Special Agent

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

Excellent.

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble			✓	or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss			✓	Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds			✓	Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
		✓	Severe tooth or gum trouble			✓	Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis			✓	Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever			✓	Frequent or painful urination				
	✓		Head injury			✓	Bed wetting since age 12				
	✓		Skin diseases			✓	Kidney stone or blood in urine				
	✓		Thyroid trouble			✓	Sugar or albumin in urine				
	✓		Tuberculosis			✓	VD—Syphilis, gonorrhea, etc.				
	✓		Asthma			✓	Recent gain or loss of weight				
	✓		Shortness of breath	✓		✓	Arthritis, Rheumatism, or Bursitis (see over)				
	✓		Pain or pressure in chest			✓	Bone, joint or other deformity				
	✓		Chronic cough			✓	Lameness				
	✓		Palpitation or pounding heart			✓	Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble			✓	Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓	✓		High or low blood pressure			✓	Recurrent back pain				Had a change in menstrual pattern
			@ 1979								

13. WHAT IS YOUR USUAL OCCUPATION?

SSA

14. ARE YOU *(Check one)*

☐ Right handed ☑ Left handed

93-103

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of:
	✓	A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details).*
	✓	17. Have you ever been denied life insurance? *(If yes, state reason and give details.)*
✓		18. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occurred.)*
✓		19. Have you ever been a patient in any type of hospitals? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*
✓		20. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? *(If yes, give date and reason for rejection.)*
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)*
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*

(18) @ 6 yrs of age mole removed @ 8 yrs of age appendectomy @ age 10 Bronchitis.

(19) All for above reasons. @ 1958, Debilitants Hospital, Ventnor, N.J. @ 1960, ~~Atlantic~~ Atlantic City medical Center, A.C. N.J @ 1962, Debilitants Hospital, Ventnor, N.J.

(20) Treated for arthritis, 1987, 222 Cold Spring Lane, Balto, Md.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE: John R O'Neill

SIGNATURE: John R. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

Healthy Jan -

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	5/18/89		

REVERSE OF STANDARD FORM 93

U.S. Government Printing Office: 1986—491-248/20588

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (Type or print) O'Neill (Last) John (First) P. (Middle)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☑ No
If recommendation is based on a factor other than above standard, indicate basis _____

FBI/DOJ

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☑ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☑ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

_____

_____

Signa[redacted]

5/18/89.

Date

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Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FIRMR(41 CFR)

F.B.I.

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ONeill, John P.	GS-14	47-42-1084
4. HOME ADDRESS (*Number, street or RFD, city or town, State and ZIP Code*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
	PHYSICAL	2/9/88 Lab 2/23/88 PY

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	W		17½	FBI	CID

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52	VENTNOR, N.J.	b6 b7C

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
FBI HQ, WS	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (*Ext & ext canals*) (*Auditory acuity under items 70 and 71*)	
	23. DRUMS (*Perforation*)	
	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
	25 OPHTHALMOSCOPIC	
	26. PUPILS (*Equality and reaction*)	
	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
	28 LUNGS AND CHEST (*Include breasts*)	
	29. HEART (*Thrust, size, rhythm, sounds*)	
	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
	31. ABDOMEN AND VISCERA (*Include hernia*)	✓
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (*Strength, range of motion*)	
	36. FEET	
	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	X
	38. SPINE, OTHER MUSCULOSKELETAL	X
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

2/9/88 PT machine broken. Advised that D.V. does not meet bureau requirements

2/25/88 Reviewed.

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Released in general sup. Situation with instructions on walking

Pelvic tilt to L/R corrected by 3/8" L/F heel h/l

Appendectomy Scar. OK per Stein

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.*)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

(1 2 3 / 32 31 30) 0 — *Restorable teeth*
(1 2 3 / 32 31 30) — *Non-restorable teeth*
(1 2 3 / 32 31 30) x — *Missing teeth*
(1 2 3 / 32 31 30) x x x — *Replaced by dentures*
(1 2 3 / 32 31 30) (x) — *Fixed Partial dentures*

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

3/1 EW

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY			46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (*Specify test used and result*)	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

88-120

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	56. TEMPERATURE
6'	197				97

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 120 / DIAS. 84	B. RECUMBENT	SYS. / DIAS.	C. STANDING (*3 min.*)	SYS. / DIAS.	A. SITTING 72	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20/25 33 CORR. TO 20/	BY	S.	CX	20/18 CORR. TO	BY
LEFT 20/ 25 CORR. TO 20/	BY	S.	CX	20/18 CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	6/6 passed		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION OD 17, OS 13

70. HEARING			71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
				250 256	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192	
RIGHT WV	/15 SV	/15	RIGHT		10	10	5	0	0	20	10	
LEFT WV	/15 SV	/15	LEFT		10	5	0	5	20	5	15	

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

Counseled on diet

Eyes examined

PFS June 2/23/88 - Normal

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(*Use additional sheets if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

Pelvic tilt to left corrected by 3/8" heel lift

Referred in general regs without review

Visual Defect not corrected by lens — needs glasses

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

Eye check - Pulmonary function Study / Done

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☐ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

☆U.S. GOVERNMENT PRINTING OFFICE: 1988 O - 491-248 (20636)

National Health Laboratories
INCORPORATED

1007 ELECTRIC AVENUE
VIENNA, VIRGINIA 22180
PHONE (703) 281-5100

FEDERAL BUREAU OF
INVESTIGATION HQCTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE GV60

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
O'NEIL JOHN P	M	36	350138	02/10/88	02/11/88	2710012 5300

TEST	RESULTS		ABNORMAL FLAG	NORMAL VALUES
	FINAL REPORT			
PROFILE 5477		*		
HEALTH SURVEY I - (S M A C)		*		
GLUCOSE	95	MG/DL *		65 - 115
BLOOD UREA NITROGEN	11	MG/DL *		7 - 25
CREATININE	1.2	MG/DL *		0.6 - 1.5
SODIUM	143	MEQ/L *		135 - 147
POTASSIUM	4.8	MEQ/L *		3.5 - 5.3
CHLORIDE	101	MEQ/L *		96 - 109
CARBON DIOXIDE	30	MEQ/L *		22 - 32
URIC ACID	8.2	MG/DL *		M: 3.0 - 9.0 F: 2.2 - 7.7
TOTAL PROTEIN	7.6	G/DL *		6.0 - 8.5
ALBUMIN	4.7	G/DL *		3.5 - 5.5
GLOBULIN	2.9	G/DL *		2.0 - 3.5
A/G RATIO	1.6	*		1.0 - 2.4
CALCIUM	10.1	MG/DL *		8.5 - 10.6
~~PHOSPHOROUS~~	3.3	MG/DL *		2.5 - 4.5
CHOLESTEROL	193	MG/DL *		AGE ***RISK*** MOD. HIGH 2-19 >170 >185 20-29 >200 >220 30-39 >220 >240 ~~>39~~ >240 >260
HDL CHOLESTEROL	34	MG/DL *		M: 30 - 75 F: 40 - 90
LDL CHOLESTEROL-CALCULATED	134	MG/DL *		LESS THAN 150
CHOLESTEROL/HDL CHOL. RATIO	5.7	*		CHD RISK TOTAL/HDL CHOL RATIO M F 0.5 X AVG 3.4 3.3 1.0 X AVG 5.0 4.4 2.0 X AVG 9.6 7.1 3.0 X AVG 13.4 11.0
LDL/HDL CHOLESTEROL RATIO	3.94	*		LESS THAN 3.1
TRIGLYCERIDES	126	MG/DL *		30 - 150
ALKALINE PHOSPHATASE	93	U/L *		<17 YRS: 80 - 490 >17 YRS: 25 - 140
S G O T	18	U/L *		0 - 40
S G P T	30	U/L *		0 - 45
IF SGPT >45 DO GGT	NOT INDICATED	*		
LACTIC DEHYDROGENASE	116	U/L *		100 - 240
TOTAL BILIRUBIN	1.3	MG/DL *	HI	0.2 - 1.2
IRON	114	MCG/DL *		35 - 180
C B C WITH PLATELET		*		
HEMATOCRIT	50.5	% *		M: 39-54 F: 35-48
HEMOGLOBIN	16.9	G/DL *		M: 13.0 - 18.0 F: 11.5 - 16.0

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2/23/88

Director of Laboratories

National Health Laboratories
INCORPORATED
1007 ELECTRIC AVENUE
VIENNA, VIRGINIA 22180
PHONE (703) 281-5100

[redacted]ERAL BUREAU OF
INVESTIGATION HQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE 6V60

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.	
O'NEIL JOHN P	M	36	350138	02/10/88	02/11/88	2710012	5301

TEST	RESULTS		ABNORMAL FLAG	NORMAL VALUES
	FINAL REPORT			
RED BLOOD COUNT	5.25 MILLION /CU.MM.	*		MALE: 4.4 - 6.2 FEMALE: 3.8 - 5.4
MCV	96 CU. MICRONS	*		80 - 100
MCH	32.3 MICRO-MICRO GMS	*		27.0 - 34.0
MCHC	33.6 %	*		31.0 - 36.0
WHITE BLOOD COUNT	5.4 THOUS/CU.MM.	*		4.0 - 11.0
LYMPHOCYTE	31 %	*		16 - 46
NEUTROPHIL	61 %	*		45 - 75
MONOCYTE	4 %	*		0 - 11
EOSINOPHIL	3 %	*		0 - 6
BASOPHIL	1 %	*		0 - 2
DEC RUN THICE		*		
PLATELET COUNT	305 THOUS/CU.MM.	*		140 - 450
THYROXINE (T4) - RIA	8.7 MCG/DL	*		4.5 - 12.5
BILIRUBIN - INDIRECT	1.2 MG/DL	*	HI	0.2 - 1.0
BILIRUBIN - DIRECT	0.1 MG/DL	*		0.0 - 0.4
URINALYSIS - ROUTINE		*		
COLOR	YELLOW	*		
URINE PH	5.0	*		5.0 - 9.0
SPECIFIC GRAVITY	1.024	*		1.003 - 1.030
GLUCOSE	NEGATIVE	*		NEGATIVE
PROTEIN	NEGATIVE	*		NEGATIVE
KETONES	NEGATIVE	*		NEGATIVE
BLOOD	NEGATIVE	*		NEGATIVE
BILIRUBIN	NEGATIVE	*		NEGATIVE
UROBILINOGEN	NEGATIVE	*		0 - 1+
LEUKOCYTE ESTERASE	NEGATIVE	*		NEGATIVE
NITRITE	NEGATIVE	*		NEGATIVE
SEROLOGY (RPR) - QUAL.	NON REACTIVE	*		NON-REACTIVE
SEROLOGY (RPR) - QUANT.	NOT INDICATED	*		NON-REACTIVE
FTA (IF RPR REACTIVE)	NOT INDICATED	*		

2/23/88

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Director of Laboratories

2-23

National Health Laboratories
INCORPORATED

1007 ELECTRIC AVENUE
VIENNA, VIRGINIA 22180
PHONE (703) 281-5100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE GV60

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.	
O'NEIL JOHN P	M		680142	02/11/88	02/13/88	2710012	4705

TEST	RESULTS	ABNORMAL FLAG	NORMAL VALUES
PART OF PROFILE-NO CHARGE			
	FINAL REPORT		
OCCULT BLOOD - FECES	SOURCE: STOOL	*	
	NEGATIVE FOR OCCULT BLOOD.		

MC

187
2/25/88

b6
b7C

DIRECTOR OF LABORATORIES

SPIROTECH, INCORPORATED
ATLANTA, GEORGIA
SPIROTECH MODEL 300
..... SUMMARY TABLE PRINTOUT .....

PATIENT NAME: O'NEILL JOHN
ID: NONE
DATE: 2/23/88 TEMP=36.4C BTPS CORR=1.004 B
MALE WHITE HEIGHT: 72.0IN AGE: 36YRS DK
FVC CRIT= 5% FEV1 CRITE 5% BAR PR=760.0 F0
NORMALS: [redacted]

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..... MOST REPRESENTATIVE TEST RESULTS .....

PARAM	ACT	PRED	%PRED
FVC	5.54	5.38	103%
FEV.5	3.75	3.41	110%
FEV1	4.71	4.33	109%
FEV3	5.30	5.16	103%
PEFR	9.69	9.94	97%
MMEF	5.70	5.25	108%
FEF25%	8.90	9.22	97%
FEF50%	7.49	6.68	112%
FEF75%	2.46	3.47	71%
FEV.5/VC	.68		
FEV1/VC	.85	.83	103%
FEV3/VC	.96		

[redacted]

2/23/88

..... INDIVIDUAL SPIROGRAM RESULTS .....

	1# 9:07		2# 9:07		3 9:07	
	ACT	%PRED	ACT	%PRED	ACT	%PRED
FVC	5.85	89%	5.53	103%	5.54	108%
FEV.5	3.83	108%	3.72	109%	3.75	110%
FEV1	4.57	105%	4.70	108%	4.71	108%
FEV3	5.20	101%	5.30	103%	5.28	102%
PEFR	10.22	103%	10.72	108%	9.63	97%
MMEF	5.71	108%	5.67	108%	5.70	109%
FEF25%	7.82	85%	7.84	85%	8.90	97%
FEF50%	8.74	101%	7.18	108%	7.49	112%
FEF75%	2.76	75%	2.71	78%	2.48	71%
FEV.5/VC	.68		.67		.68	
FEV1/VC	.85	103%	.85	103%	.85	103%
FEV3/VC	.57		.95		.95	

Oneil G/ohn P
2/9/88

WNL / HBP
2/23/88

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

RHYTHM STRIP: II
25 mm/sec; 1 cm/mV

.05-40Hz 05601

9320-4513

HEWLE

STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101–11.8

F.B.I.

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'Neill, John P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*	**4. POSITION** *(title, grade, component)*
	SSA, GM-14

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*
physical	8/19/88 Lab 8/23/88 phy	FBIHQ hs

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

Excellent Health / No medications currently in use.

9. HAVE YOU EVER *(Please check each item)*			10. DO YOU *(Please check each item)*		
YES	NO	*(Check each item)*	YES	NO	*(Check each item)*
	✓	Lived with anyone who had tuberculosis	✓		Wear glasses or contact lenses
	✓	Coughed up blood	✓		Have vision in both eyes
	✓	Bled excessively after injury or tooth extraction		✓	Wear a hearing aid
	✓	Attempted suicide		✓	Stutter or stammer habitually
	✓	Been a sleepwalker		✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	*(Check each item)*	YES	NO	DON'T KNOW	*(Check each item)*	YES	NO	DON'T KNOW	*(Check each item)*
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
✓	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble				or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath	✓			Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
✓			High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Supervisory Special Agent

Do Not Transmit With Official Personnel Records

14. ARE YOU *(Check one)*

☐ Right handed ☑ Left handed

93–102

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details).*
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

-18/[redacted] - age 6, Tonsilectomy
age 8, Mole surgically removed
age 10, appendectomy

19. ① 1958, Children's Hospital, Ventnor NJ
[redacted]
② 1960, Children's Hospital, Ventnor NJ.
[redacted]
③ 1963, Atlantic City Hospital, Atlantic City, NJ
[redacted]

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@1980 High blood pressure - treated for 2 months - [redacted] Magolis, Balto, md - No further problems

4/1987 arthritis, treated by [redacted] Balto, md. for 2 months - No further problems.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
John R. O'Neill	John R. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

Arthritis affecting knees and ankles for 6 weeks in March 1987 - R/C Indocin - R/O. Lyme Arthritis.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	2/23/88	[redacted]	—

U.S. GOVERNMENT PRINTING [illegible] 1982 O - 361-526 (7449)

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (*Type or print*) O'Neill (*Last*) John (*First*) P. (*Middle*)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☑ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____
Will return for eye check

DESIRABLE WEIGHT RANGES							
MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☑ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

_____

_____

S [redacted]

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2/23/88
Date

☆ U.S.G.P.O.: 1986-491-509/54778

1 sec. at 20mm/sec.

1 sec. at 10mm/sec.

O'neill, John P
2/23/88

8
6
5
4
3
2
1

1 sec. at 20mm/sec.

1 sec. at 10mm/sec.

:R P/N S010-02 PRINTED IN U.S.A.

SPIROTECH, INCORPORATED AT

Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FIRMR (41 CFR)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT / POSITION	3. IDENTIFICATION NO.
O'Neill, John P.	GS-14 SSA	
4. HOME ADDRESS (*Number, street or RFD, city or town, State and ZIP Code*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Baltimore, MD	Fitness For Duty	3-22-89 Phase I 5/18/89 phase II

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
W	M		19	FBI	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
2-6-52 (37)	Ventnor, NJ.	b6 b7C

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Health Service Room 6344 JEH Building	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (*Ext. & ext. canals*) (*Auditory acuity under items 70 and 71*)	
	23. DRUMS (*Perforation*)	
	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 62*)	
	25 OPHTHALMOSCOPIC	
	26. PUPILS (*Equality and reaction*)	
	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
	28 LUNGS AND CHEST (*Include breasts*)	
	29. HEART (*Thrust, size, rhythm, sounds*)	
	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
	31. ABDOMEN AND VISCERA (*Include hernia*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (*Strength, range of motion*)	
	36. FEET	
	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

Rectal — Normal

Prostate — Normal.

Physical reviewed in FBIHQ HCPU

by [redacted]

on MAY 19 1989

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Midline Rose.

Relaxed w/ Fewer moles

Appendectomy — midline vertical —

Back — left renal scar

OK for Station

(Continue in item 73)

44. DENTAL (*Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.*)

0 / 1 2 3 / 32 31 30 — *Restorable teeth*
0

1 2 3 / 32 31 30 — *Non-restorable teeth*

x / 1 2 3 / 32 31 30 — *Missing teeth*
x

x x x / 1 2 3 / 32 31 30 / x x x — *Replaced by dentures*

(x) / 1 2 3 / 32 31 30 / (x) — *Fixed Partial dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DEFECTS AND DISEASES

3
KRS

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY			46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (*Specify test used and result*)	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

Tachycardia

88-120

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	56. TEMPERATURE
6'	195				95.5

57. BLOOD PRESSURE (*Arm at heart level*)

A. SITTING	SYS. 128 / DIAS. 82	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
64				

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 29 CORR. TO 20/ 20	BY S. CX	20/20 CORR. TO BY
LEFT 20/ 25 CORR. TO 20/ 20	BY S. CX	20/20 CORR. TO BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT LEFT	passed Ishihara.		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION OD-14 OS-14

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT		5	10	10	5	10	15	
LEFT		5	5	0	10	20	10	

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

Has modified diet ↓ chol -
and ↑ HDL -

To modify intake

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

Healthy

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

Access to - Wt loss 10 pounds over next year

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Full duty

B. PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

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79. TYPED OR PRINTED NAME OF PHYSICIAN	M.D.	SIGNATURE	
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)		SIGNATURE	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OVING AUTHORITY		SIGNATURE	NUMBER OF ATTACHED SHEETS

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 491-248 (20636)

MEDICAL REPORTS

Personnel File of: SA JOHN P. O'NEILL

Personnel File No:

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS *Include medication and treatment when indicated*
8-27-90	1625		S/o c/o drainage from R eye - yellow and crusting - eye sutured, reddened no drainage seen a - Attempt in comfort - possible conjunctivitis P - Refer to PMD

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Continue on reverse side

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

O'NEILL, JOHN P.

REGISTER NO.

WARD NO.

NURSING NOTES
Standard Form 510
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
510-110

FD-277 (Rev. 2-4-91)

Memorandum

WOB/AD

To : Director, FBI Date 5/21/93

From : SAC, CHICAGO **Attention:** Administrative Services Division
(1) Staffing & Pay Administration Unit
(2) Health Care Programs Unit

Subject: JOHN P. O'NEILL
SPECIAL AGENT (ASAC)
PHYSICAL EXAMINATION MATTER

☐ Remylet _____ .
☐ ReBulet _____ .

☒ Re physical examination 2/5/93 .
☐ Dental work was completed on _____ .
☒ Vision has been corrected to 20/20 both eyes . Employee specifically instructed 3/25/93 (date) by [redacted] R.N. (name of person giving instruction) that he/she can operate a Bureau car only when wearing the necessary glasses.
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☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No. If answered no, explain under remarks.
☐ Future participation in firearms is remote and weapon will be returned to the Bureau.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____ .
☐ Time and attendance (T&A) records checked and showed employee was on _____ hours (check one: ☐ Continuation of Pay ☐ Annual Leave ☐ Sick Leave ☐ Leave Without Pay) at time employee sustained injury. (THIS MUST AGREE WITH CA-1). Enclosed is copy of T&A record.
☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____ .
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____ .
☐ Employee's physical condition is _____ .
☐ UACB he/she is being removed from limited duty.
☐ UACB he/she is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him/her fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: ASAC O'NEILL is aware of the results of his physical. Per the examining doctor's recommendations, he was given information on following a low calorie, low cholesterol diet while engaging in a gradual aerobic exercise program. He was also encouraged to recheck his cholesterol level periodically.

1- Bureau
1- Chicago
SC/sjp
(2)

Enclosure

3/egm

REVISED 4/10/92

SA/ET ANNUAL FITNESS-FOR-DUTY EXAM CHECKLIST

NAME John F. O'Neill FIELD OFFICE Chicago
D.O.B. 2-6-52
D.O.P. 2-5-93
S.S.N. 147-42-1004

Please place a check mark before each of the following items to indicate that they have been completed. If any items are incomplete or have been omitted, the results should be obtained and attached to the physical exam report **before** it is submitted to FBIHQ. The completed checklist **must** be attached to the physical exam report.

REPORT OF MEDICAL EXAMINATION (SF-88)

✓ Questions 1 through 16
✓ Clinical Evaluation Section 18 through 42, should each be checked by the examining physician.
✓ Height #51
✓ Weight #52 **(Indicate if overweight)**
~~N/A~~ Body fat if applicable No recent body fat reading
✓ Blood pressure #57 (Not all three positions are necessary).
✓ Pulse #58
✓ Distant vision #59 (**uncorrected must be noted and also the corrected vision if applicable**).
✓ Near vision #61 (uncorrected and corrected).
✓ Color vision #64 (Specify the type of test used and the results such as normal, WNL, passed, or failed).
✓ Intra Ocular Tension #69 (Glaucoma test) **Age 40 and over.**
✓ Audiometer #71 (Baseline decibel readings **must** be recorded at 500, 1000, 2000, 3000, and 4000 frequency ranges).
✓ EKG #48 with interpretation.
✓ Pulmonary Function Test (PFT) every 2 years.
✓ Exercise Stress Test every 2 years **(Must indicate test results and date).**
N/A Thallium test, date, and results, **(if medically indicated).**
✓ Certification for strenuous duty #77 - **must be checked.**
✓ Signature and title of examining physician.

LABORATORY FINDINGS (Questions 45 and 47 through 50)

✓ Urinalysis (Microscopic if medically indicated)
✓ CBC (Complete Blood Count)
✓ Blood Chemistry Profile (SMA 24)
✓ Thyroid Test (T-4)
— Hemoccult Slide
N/A Chest X-ray - PA & lateral **(Only if medically indicated)**

(Continued)

REPORT OF MEDICAL HISTORY (SF-93)

✓ Check #'s 1 through 25 (#12 females only)
✓ Signature of SA
✓ Signature and title of examining physician and the date.
✓ Physician to comment on all abnormal findings and items clarify all checked items.

FORM FD-300

1. ✓ **Must** indicate if qualified for strenuous physical exertion. (See additional information.)

2. ✓ #1 - Must be checked regarding participation in defensive tactics.

3. ✓ #1 & #2 - Must be checked regarding operating a motor vehicle.

4. ✓ #4 - Frame

5. ✓ #5 - Present weight - satisfactory/excessive/ deficient

6. ✓ Signature of medical examiner and date.

Additional Information

*Is SA/Electronic Technician on Limited Duty?
Yes____ **No** ✓
If "Yes" SF 88 and FD 300 must reflect same.
*Is ET overweight according to Bureau Standards?
Yes ✓ **No**____
*Was SA/ET advised of examiner's recommendations?
Yes ✓ **No**____

✓ All questions **must** be answered.
✓ Signature and title of examining physician and the date.

REVIEWED BY: [redacted] b6 b7C

TITLE: Occupational Health Nurse

DATE: 5/12/93

REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
O'NEILL, JOHN P.	SPECIAL AGENT	147-42-1004

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
209 So. Dearborn Rm 905 Chgo. Il. 60604	ANNUAL	2/5/93

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
MALE	White		22	FBI	CHICAGO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52 (40)	VENTNOR, N.J.	

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
The Center For Cardiovascular Health 3933 N. Cicero Ave. Chicago, IL 60641	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS–GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhyhm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities,etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, Fistular) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

Reviewed by [redacted] RN.
Chicago Office 5/12/93

b6
b7C

Physical reviewed in FBIHQ HCPU
by [redacted]
on June 29, 1993

(Continue in item 73)

FPO 3/25/93

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth: 1 2 3 / 32 31 30 — 0 / 0
Non-restorable teeth: 1 2 3 / 32 31 30 — / / /
Missing Teeth: 1 2 3 / 32 31 30 — x / x
Replaced by Dentures: x x x / 1 2 3 / 32 31 30 / x x x
Fixed Partial dentures: (x) / 1 2 3 / 32 31 30 / (x)

RIGHT																	LEFT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
71 1/2"	224			☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE	98.2

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 132	B. RECUMBENT	SYS.	C. STANDING (5 min.)	SYS.	A. SITTING P-88	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 80		DIAS.		DIAS.					

59. DISTANT VISION			REFRACTION			61. NEAR VISION	
RIGHT 20/	CORR. TO 20/		BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/		BY	S.	CX	CORR. TO	BY

see attached

see attached

62. HETEROPHORIA *(Specify distance)*

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION *(Test used and result)*	65. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
66. FIELD OF VISION		67. NIGHT VISION *(Test used and score)*	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15	RIGHT								
			LEFT								

see attached

73 NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

OU

OS

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

1) About 20 lbs overweight ⇒ lose ≥ 20 lbs ↓ to BMI
2) Hypercholesterolemia with elevated LDL-C ⇒ @ risk for cardiovascular event ⇒ weight loss, exercise + diet. Recheck periodically.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

see #74 above.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE *(Check)*

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

MD

MD

b6
b7C

SIGNATURE

82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

*U.S. Government Printing Office: 1991 — 281-782/40135

CENTER FOR CARDIOVASCULAR HEALTH
PHYSICAL EXAM FORM

NAME John O'Neill

DATE 2-5-93 AGE 40

T 98.2 P 88 BP 132/80 HT 71½' WT 204

GENERAL HEALTH Good

HEAD/NECK

EYES

EARS/NOSE

MOUTH/THROAT

THYROID

CHEST/LUNGS

HEART WNL

BREASTS

ABDOMEN

EXTREMITIES/BACK

LYMPH NODES

SKIN

GENITALIA / ~~RB~~

PROCTO

RECTAL

NEURO

****

DISPOSITION

RECOMMENDATIONS

b6
b7C

SIGNAT M

836 W. WELLINGTON
CHICAGO, IL 60657
312/296-7099 OR 312/296-7871
[redacted] MD, DIRECTOR

b6
b7C

PATIENT NA[redacted] O'NEILL,JOHN
ACCOUNT NUMBER: F000000205308
MED REC NO: 205308
ATTENDING DR: [redacted] MD
ORDERING DR: MD

ILLINOIS MASONIC MEDICAL CENTER
FINAL REPORT PAGE 1

TEST	RESULT	H/L	NORMALS	UNITS	VL	LOW	NORMAL	HIGH	VH
Collected: 02/05/93 03:00PM									
- - - HEMATOLOGY - - -									
- - - CBC - - -									
WBC	7.4		3.5-11.0	X THOU					
RBC	5.10			X MIL					
HGB	16.6			GM/DL					
HCT	49.7		42-52	%					
MCV	97.5			CUMIC					
MCH	32.5			PG					
MCHC	33.4			%					
PLT	359		150-450	X THOU					
RDW	12.8		11.5-14.5	%					
MPV	10.3		7.4-10.4	CUMIC					
NEUT%	65.7		35-70	%					
LYMPH%	23.5		20-40	%					
MONO%	6.6		1.7-9.3	%			*		
EOS%	3.1		0-4	%				*	
BASO%	1.1		0-2	%		*			
RBC MORPH	NORM		NORMAL						
- - - ROUTINE URINALYSIS - - -									
COLOR	YELLOW		YELLOW						
APPEARANCE	CLOUDY	*	CLEAR						
SPEC GRAV	1.025		1.003-1.030					*	
WBC ESTERASE	NEG		NEG						
NITRITE	NEG		NEG						
PH	5.0		5.0-6.5						
PROTEIN	NEG		NEG	MG/DL					
GLUCOSE	NEG		NEG	MG/DL					
KETONE	NEG		NEG	MG/DL					
UROBILINOGEN	0.2		0-1.0	MG/DL					
BILIRUBIN	NEG		NEG						
BLOOD	NEG		NEG						
RBC	0-2		0-2	/HPF					
WBC	0-2		0-5	/HPF					
BACTERIA	3+	*	NEG	/HPF					
EPITHELIAL	1+	*	NEG	/LPF					
MUCOUS	1+	*		/HPF					

836 W. WELLINGTON
CHICAGO, IL 60657
312/296-7099 OR 312/296-7871
[redacted] MD, DIRECTOR

PATIENT NA[redacted] O'NEILL,JOHN
ACCOUNT NUMBER: F000000205308
MED REC NO: 205308
ATTENDING DR: [redacted] MD
ORDERING DR: MD

b6
b7C

ILLINOIS MASONIC MEDICAL CENTER
FINAL REPORT

TEST	RESULT	H/L	NORMALS	UNITS	VL	LOW	NORMAL	HIGH	VH
Collected: 02/05/93 03:00PM									
- - - ROUTINE URINALYSIS - - -									
AMORPHOUS	MOD URATES			/HPF					
- - - GENERAL CHEMISTRY I - - -									
T. PROTEIN	7.5		6.0-8.0	GM/DL			*		
ALBUMIN	4.9		3.0-5.5	GM/DL			*		
CALCIUM	10.2		8.5-10.5	MG/DL			*		
PHOSPHORUS	3.2		2.5-4.5	MG/DL		*			
CHOLESTEROL	248.0	*H	150-200	MG/DL					*
GLUCOSE	100.0		65-110	MG/DL			*		
BUN	11.0		10-20	MG/DL		*			
URIC ACID	7.6		2.5-8.0	MG/DL			*		
CREATININE	1.10		0.5-1.4	MG/DL			*		
T. BILIRUBIN	0.90		0.2-1.0	MG.DL			*		
ALK PHOS	84.0		25-110	MU/L			*		
LDH	151.0		90-200	MU/ML			*		
AST (GOT)	45.0	*H	10-40	MU/ML				*	
CHLORIDE	102.0		98-106	MEQ/L			*		
SODIUM	141.0		135-142	MEQ/L			*		
POTASSIUM	4.6		3.7-5.2	MEQ/L			*		
CO2	25.0		24-30	MEQ/L		*			
TOTAL CK	96.0		0-225	MU/ML			*		
GAMMA GT	125.0	*H	15-85	IU/L				*	
IRON	133.0		50-160	MCG/DL			*		
TRIG	195.0	*H	10-190	MG/DL				*	
- - - CALCULATED VALUES - - -									
CALC. AGAP	14.0		7-17	MMOL/L			*		
CALC. OSMO	271.7			MOS/KG					
CALC. GLOB	2.6			G/DL					
CALC. A/G	1.9								
CALC. BUN/CR	10.0								
- - - GENERAL CHEMISTRY - - - LIPOPROTEIN PROFILE									

836 W. WELLINGTON
CHICAGO, IL 60657
312/296-7099 OR 312/296-7871
[redacted] MD, DIRECTOR

b6
b7C

PATIENT NA[redacted] O'NEILL,JOHN
ACCOUNT NUMBER: F000000205308
MED REC NO: 205308
ATTENDING DR: [redacted] MD
ORDERING DR: MD

ILLINOIS MASONIC MEDICAL CENTER
FINAL REPORT

TEST	RESULT	H/L	NORMALS	UNITS	VL	LOW	NORMAL	HIGH	VH

Collected: 02/05/93 03:00PM

- - - GENERAL CHEMISTRY - - -
LIPOPROTEIN PROFILE

HDL-C	37		31-75	MG/DL	<	*			>
LDL-C	172.0 =1=	*H	50-130	MG/DL	<			*	>

COMMENTS :
=1=: CHOLESTEROL LEVEL — CLINICAL INTERPRETATION

LESS THAN 200 MG/DL	DESIRABLE LEVEL
200-240 MG/DL	MODERATE RISK LEVEL
GREATER THAN 240 MG/DL	HIGH RISK LEVEL

LDL-CHOLESTEROL LEVEL — CLINICAL INTERPRETATION

LESS THAN 130 MG/DL	DESIRABLE LEVEL
130-160MG/DL	MODERATE RISK LEVEL
GREATER THAN 160 MG/DL	HIGH RISK LEVEL

INFORMATION PROVIDED BY:
NATIONAL CHOLESTEROL EDUCATION PROGRAM

- - - THYROID PROFILE - - -

T4	6.3		4.5-12.0	MCG/DL	<	*			>

****
CENTER FOR CARDIOVASCULAR HEALTH
ELECTROCARDIOGRAM DIAGNOSTIC REPORT
****

NAME John O'Neill DATE 2-5-93

TM-40

GROUP	DIAGNOSIS
I	X NORMAL EKG
	___NORMAL EKG WITH FINDINGS
	___ABNORMAL NON-SPECIFIC
	___ABNORMAL EKG
	___UNSATISFACTORY EKG
	___CLINICAL CORRELATION SUGGESTED
II	___SINUS TACHYCARDIA
	___SINUS BRADYCARDIA
	___SINUS ARRHYTHMIA
	___SUPRA VENTRICULAR TACHYCARDIA
	___ATRIAL FIBRILLATION
	___ATRIAL FLUTTER
	___FREQUENT PREMATURE ATRIAL CONTRACTIONS (PAC)
	___OCCASIONAL PREMATURE ATRIAL CONTRACTIONS (PAC)
	___NODAL RHYTHM
III	___1 DEGREE BLOCK
	___2 DEGREE BLOCK
	___3 DEGREE BLOCK
	___RIGHT BUNDLE BRANCH BLOCK
	___LEFT BUNDLE BRANCH BLOCK
	___FREQUENT PREMATURE VENTRICULAR CONTRACTIONS (PVC)
	___OCCASIONAL PREMATURE VENTRICULAR CONTRACTIONS (PVC)
	___INTRAVENTRICULAR CONDUCTION DELAY
IV	___ABNORMAL P WAVE
	___W-P-W (WOLFF-PARKINSON-WHITE)
	___ABNORMAL Q-T (INTERVAL)
	___ABNORMAL S-T SEGMENT
	___ABNORMAL T WAVE
	___ELECTROLYTE IMBALANCE
V	___OLD ANTERIOR M.I.
	___RECENT ANTERIOR M.I.
	___OLD ANTEROLATERAL M.I.
	___RECENT ANTEROLATERAL M.I.
	___OLD ANTEROSEPTAL M.I.
	___RECENT ANTEROSEPTAL M.I.
	___OLD POSTERIOR M.I.
	___RECENT POSTERIOR M.I.
	___OLD POSTEROLATERAL M.I.
	___OLD INFERIOR WALL M.I.
	___RECENT POSTEROLATERAL M.I.
	___DIGITALIS EFFECT
	___LEFT VENTRICULAR HYPERTROPHY
	___RIGHT VENTRICULAR HYPERTROPHY
	___AXIS DEVIATION - RIGHT
	___AXIS DEVIATION - LEFT

b6
b7C

[redacted]

_____M.D.

CENTER FOR CARDIOVASCULAR HEALTH
VISION, HEARING, TONOMETRY

NAME: John O'Neill

DATE: 2-5-93

VISION

RIGHT (UNCORRECTED): 20/40 (CORRECTED): 20/20 NEAR: 20/20

LEFT (UNCORRECTED): 20/25 (CORRECTED): 20/20 NEAR: 20/20

COLOR: Normal

TONOMETRY: (RIGHT): 12 (LEFT): 13

HEARING

b6
b7C

	250	500	1000	1500	2000	3000	4000	6000	8000
LEFT	25	15	10	10	10	20	35	20	30
RIGHT	10	10	10	15	10	15	15	20	25

COMMENTS:

LEFT EAR: hearing is within Normal Limits, except for mild loss 4000 Hz. and 8000 Hz

RIGHT EAR: hearing is WNL

RECOMMEND: WEAR HEARING PROTECTION WHEN POSSIBLE

** ALL AUDIOMETRIC THRESHOLDS ARE IN dBHL ACCORDING TO ANSI-1969 STANDARDS **

[redacted]
Audiology Manager

John O'Neil
2-5-93

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[redacted]

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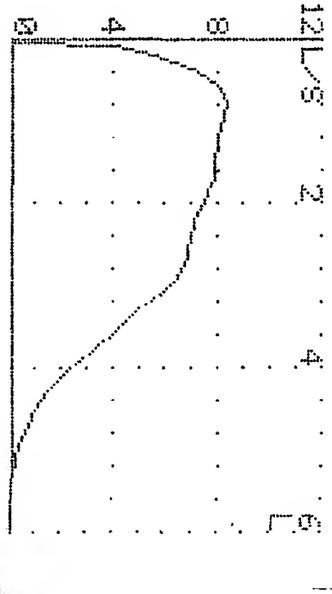
** FV **

PEFR	8.28	L/S
PRED	10.42	L/S
%PRED	79.4	%
FEF25%	7.89	L/S
PRED	8.31	L/S
%PRED	94.9	%
FEF50%	6.75	L/S
PRED	5.32	L/S
%PRED	126.8	%
FEF75%	2.36	L/S
PRED	2.18	L/S
%PRED	108.2	%



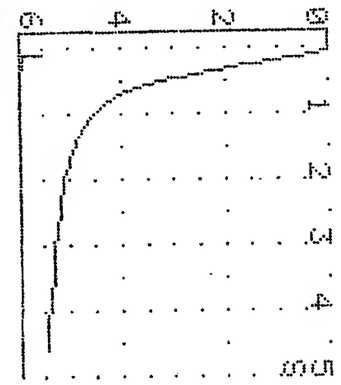
* SPIRO-SCREEN *

DATE 02. 05. '93
IDNO.
AGE 40
SEX MALE
HEIGHT 71 IN.
ADJUST 100 %
SS6

** FVC **

FVC	5440	ML
PRED	5240	ML
%PRED	103.8	%
FEV1.0	4650	ML
PRED	4300	ML
%PRED	108.1	%
FEV1%	85.4	%
PRED	82.0	%
%PRED	104.1	%
MMF	4.95	L/S
PRED	4.47	L/S
%PRED	110.7	%

** T-V **



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MISCELLANEOUS MOUNT SHEET
ILLINOIS MASONIC MEDICAL CENTER
CHICAGO, ILLINOIS

001 0011b REV. 7/84

REORDER FROM GEM BUSINESS FORMS, INC. 12402

Q4000 FINAL REPORT

CENTER-CARDIO.HEALTH
CHICAGO IL 736-8654

b6
b7C

Patient: JOHN O NEILL | Physician: | Date: 2-5-93

Address: | Phone:

Patient ID: AGENT | Height: | Weight: | Age: 40 | Sex: M F

Brief History:

Medications: NO MEDICATIONS | Target HR: 156

Protocol: | V5 ST Level at J + 80ms | V5 ST Slope from J + 10ms to J + 60ms

Event	Time	Speed (MPH)	Grade (%)	HR (BPM)	ST Level (mm)	ST Slope (mm/sec)	BP	Comments
rest 1					+0.0	+4	120/70	
stage 1	3:00	1.7	10.0		-0.1	+4	130/80	
stage 2	3:00	2.5	12.0		-0.1	+4	150/80	
stage 3	3:00	3.4	14.0		-0.1	+4	160/80	
stage 4	3:00	4.2	16.0		-0.1	+4	180/80	
stage 5	3:00	5.0	18.0		-0.1	+4	190/80	
stage 6 stop exercise @	0:06	5.5	20.0		-0.1	+4		
recovery	0:01				-0.1	+4	190/80	
recovery	1:00				+0.0	+4	170/80	
recovery	2:00				-0.1	+4	150/70	
recovery	3:00				+0.0	+4	160/80	
recovery	6:00				+0.0	+6	140/90	
recovery	8:00				-0.1	+4	125/80	

Interpretation: METS achieved:

BOTH THE RESTING AND EXERCISE (MAXIMAL) ECG'S WERE NORMAL
THERE WERE PREMATURE VENTRICULAR COMPLEXES SEEN RARELY
BOTH THE RESTING AND EXERCISE BLOOD PRESSURES WERE NORMAL
TEST TERMINATION WAS DUE TO GENERAL FATIGUE
PATIENT HAS CLEARANCE FOR EXERCISE PRESCRIPTON WITH NO FURTHER EVALUATION

M.D.
CARDIOLOGIST

STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101–11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'NEILL, JOHN P.	147-42-1004
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION (title, grade, component)**
219 So. Dearborn Rm 905 Chgo. Ill. 60604	SPECIAL AGENT
5. PURPOSE OF EXAMINATION / **6. DATE OF EXAMINATION**	**7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)**
ANNUAL / 2/5/93	The Center For Cardiovascular Health 5933 N. Cicero Ave. Chicago, IL 60641

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent.
No Medications

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble						✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

14. ARE YOU (Check one)

☐ Right handed ☑ Left handed

93–102

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of:
	✓	A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

Transit 1958
Appendectomy 1962

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE: JOHN P. O'NEILL

SIGNATURE: JOHN P. O'NEILL

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

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b7C

	DATE		NUMBER OF ATTACHED SHEETS
	2/5/63		

☆ U.S. GOVERNMENT PRINTING OFFICE : 1984 O - 421-526 (242)

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (*Type or print*) O'NEILL (*Last*) JOHN (*First*) P. (*Middle*)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

FBI/DO

DESIRABLE WEIGHT RANGES							
MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☐ Satisfactory ☒ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☒ lose 20 pounds
   ☐ gain _____ pounds

Remarks: _____

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b7C

2/5/93
Date

Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FIRMR (41CFR) 201-45.505

REPORT OF MEDICAL EXAMINATION

DIV #10

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OF POSITION	3. IDENTIFICATION NO.
O'Neill, John P.	GM-14	
4. HOME ADDRESS (*Number, street or RFD, city or town, State and ZIP Code*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
	FITNESS FOR DUTY	10-04-90 (2) 8/29/90 PHE

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	W		20	FBI	DIV 10

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52 (38)	VENTNOR, NJ	

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
FBIHQHS	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (*Ext & ext canals*) (*Auditory acuity under items 70 and 71*)	
	23. DRUMS (*Perforation*)	
	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 61*)	
	25 OPHTHALMOSCOPIC	
	26. PUPILS (*Equality and reaction*)	
	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
	28 LUNGS AND CHEST (*Include breasts*)	
	29. HEART (*Thrust, size, rhythm, sounds*)	
	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
	31. ABDOMEN AND VISCERA (*Include hernia*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (*Strength, range of motion*)	
	36. FEET	
	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

10/4/90 wt. 204#
Rectal normal
Prostate normal.

Physical reviewed in FBIHQ HCPU
by
on OCT 09 1990

Obese.

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✓ Pes Planus & pronated feet Rt > Lt
✓ Pelvic tilt to left asymptomatic

Chest X-ray 10/4/90

(Continue in item 73)

44. DENTAL (*Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.*)

Restorable teeth (0 over 1 2 3 / 32 31 30 / 0) — *Non-restorable teeth* (1 2 3 / 32 31 30) — *Missing teeth* (x over 1 2 3 / 32 31 30 / x) — *Replaced by dentures* (x x x over 1 2 3 / 32 31 30 / x x x) — *Fixed Partial dentures* (x) over 1 2 3 / 32 31 30 / (x)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

3 Crns

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY			46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (*Specify test used and result*)	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

88-120

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10/4/90 Reweighed 204

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
6'0"	209			☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 110 / DIAS. 76	B. RECUMBENT	SYS. / DIAS.	C. STANDING (*3 min.*)	SYS. / DIAS.	A. SITTING 60	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 25	CORR. TO 20/	BY	S.	CX	20/25 CORR. TO		BY
LEFT 20/ 25	CORR. TO 20/	BY	S.	CX	20/22 CORR. TO		BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	PASSED 6/6		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT		10	10	10	15	15	25		
			LEFT		10	10	5	20	20	10		

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

WRIST - 7 1/4 LARGE

59. AGENT NORMALLY WEARS GLASSES - PT
61. AGENT ADVISED NEAR VISION DOES NOT MEET BUREAU STNDS - PT

(*Use additional sheets if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

Exogenous Obesity
Pes Planus - Estimated feet. Rt > Lt
Bunionette to Left

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*) Wt loss of 20 pounds recommended

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
A. ☑ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Full duty

B. PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN [redacted] MD — SIGNATURE [redacted]

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

☆ U.S.G.P.O.: 1986 -491-248/40078

National Health Laboratories
INCORPORATED

13900 PARK CENTER ROAD

HERNDON, VIRGINIA 22071

PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
[illegible]TH AND PENN. AVENUE NW
[illegible]ASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.	
ONEILL JOHN P	M	38	142078	09/05/90	09/08/90	2710012	0390

TEST	RESULTS	FLAG	REFERENCE RANGES
	FINAL REPORT		
PROFILE 3471			
HEALTH SURVEY PROFILE I			
GLUCOSE	96 MG/DL		65 - 115
BLOOD UREA NITROGEN	16 MG/DL		7 - 25
CREATININE	1.0 MG/DL		0.6 - 1.5
SODIUM	139 MEQ/L		135 - 147
POTASSIUM	4.2 MEQ/L		3.5 - 5.3
CHLORIDE	99 MEQ/L		96 - 109
CARBON DIOXIDE	25 MEQ/L		22 - 32
URIC ACID	8.2 MG/DL		M:3.0-9.0 F:2.2-7.7
TOTAL PROTEIN	7.6 G/DL		6.0 - 8.5
ALBUMIN	4.8 G/DL		3.5 - 5.5
GLOBULIN	2.8 G/DL		2.0 - 3.5
A/G RATIO	1.7		1.0 - 2.4
CALCIUM	10.2 MG/DL		8.5 -10.8
PHOSPHORUS	3.1 MG/DL		<17 YRS: 4.5 - 6.5 >17 YRS: 2.5 - 4.5
CHOLESTEROL	190 MG/DL		DESIRABLE: < 200 BORDERLINE: 200-239 ELEVATED: > 239
HDL CHOLESTEROL	31 MG/DL		M: 30-75, F: 40-90
LDL CHOLESTEROL (CALC.)	142 MG/DL	***	DESIRABLE: < 130 BORDERLINE: 130-159 ELEVATED: > 159
CHOLESTEROL/HDL RATIO	6.1		RATIO RISK M F 0.5X STD 3.4 3.3 1.0X STD 5.0 4.4 2.0X STD 9.6 7.1 3.0X STD 14.0 11.0
LDL/HDL CHOLESTEROL RATIO	4.57		LESS THAN 3.1
TRIGLYCERIDES	86 MG/DL		30 - 150
ALKALINE PHOSPHATASE	117 U/L		<17 YRS: 80-490 >17 YRS: 25-140
S G O T	32 U/L		0 - 40
S G P T	38 U/L		0 - 45
LACTIC DEHYDROGENASE	148 U/L		100 - 240
TOTAL BILIRUBIN	1.2 MG/DL		0.2 - 1.2
FERRITIN	375 NG/ML		MALE 20-450 FEMALE<45YR. 7-200 FEMALE>45YR. 10-350
G G T	46 U/L		M: 0-65, F: 0-45
C B C WITH PLATELET			
HEMATOCRIT	45.5 %		M: 39-54 F: 35-48
HEMOGLOBIN	15.7 G/DL		M: 13.0 - 18.0 F: 11.5 - 16.0
RED BLOOD COUNT	4.86 MILLION /CU.MM.		MALE: 4.4 - 6.2

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OK 10/4/90

Director of Laboratories

*CHOLESTEROL L[illegible]S

130-200	DESIRABLE
200-239	[illegible]DER LINE HIGH
240 AND ABOVE	HIGH

[illegible]CHD RISK

CHD RISK	CHOL/HDL RATIO M	F
Half of Average	3.4	3.3
Average	5.0	4.4
Two Times Average	9.6	7.1
Three Times Average	13.5	11.0

Ref. NIH Consensus Development Conference, 1984, - JAMA 253:2080 - 2086, 1985.

SUGGESTED PEDIATRIC REFERENCE RANGES

TEST	AGE	95%	99%
GLUCOSE MG/DL	0-1 MO	41-95	25-111
	1MO-3 YR	62-115	49-128
	4-6 YR	70-118	58-130
	7 YR	86-119	78-127
	8-16 YR	77-117	67-127
CREATININE MG/DL	6 WK-2 YR	0.3-0.7	0.2-0.8
	3-7 YR	0.4-0.8	0.3-0.9
	8-13 YR	0.5-0.9	0.4-1.0
	14 YR	0.6-1.0	0.5-1.1
	15-16 YR	0.6-1.4	0.4-1.6
TRIGLY-CERIDES MG/DL	0-1 MO	0-171	0-215
	2 MO-16 YR	6-134	0-166
CALCIUM MG/DL	0-1 MO	6.3-11.9	4.9-13.3
	2-17 MO	8.9-11.3	8.3-11.9
	18 MO-15 YR	9.0-10.8	8.5-11.3
	16 YR	8.4-10.8	7.8-11.4
PHOSPHORUS MG/DL	0-1 MO	4.3-8.2	3.2-9.2
	1 MO-17 MO	3.8-6.7	3.1-7.4
	18 MO-2 YR	2.9-5.9	2.1-6.7
	3-14 YR	3.6-5.6	3.1-6.1
	15-16 YR	2.4-5.4	1.6-6.2
SODIUM MEQ/L	6 WK-14 YR	135-145	132-148
	15 YR	137-146	135-148
	16 YR	136-145	133-147
POTASSIUM MEQ/L	6 WK-17 MO	3.4-6.6	2.6-7.4
	19 MO-15 YR	3.4-5.4	2.9-5.9
CHLORIDE MEQ/L	6 WK-7 YR	99-111	96-111
CARBON DIOXIDE MEQ/L	6 WK-7 YR	17-29	14-32
	8-15 YR	22-31	19-35
URIC ACID MG/DL	0-1 MO	1.2-8.8	0.1-10.7
	1 MO-2 YR	2.0-7.6	0.6-9.0
	3-11 YR	2.3-6.1	1.4-7.0
	12-16 YR	3.1-7.6	2.0-8.7

TEST	AGE	95%	99%
TOTAL PROTEIN GM/DL	0-1 MO	4.0-6.8	3.3-7.5
	2 MO-17 MO	5.0-7.1	4.5-7.6
	18 MO-2 YR	5.5-7.1	5.1-7.5
	3-16 YR	5.8-7.7	5.3-8.2
ALBUMIN GM/DL	0-1 MO	2.4-4.8	1.8-5.4
	2 MO-2 YR	3.5-4.7	3.2-5.0
	3-4 YR	3.8-5.0	3.5-5.3
	5-7 YR	3.7-4.8	3.4-5.1
	8-12 YR	3.8-4.9	3.5-5.2
	13-16 YR	3.5-4.9	3.2-5.2
ALKALINE PHOSPHATASE U/L	0-1 MO	62-350	0-422
	1 MO-17 MO	118-354	59-413
	18 MO-2 YR	81-339	16-404
	3-9 YR	108-295	61-342
	10-11 YR, F	96-414	17-493
	10-11 YR, M	75-347	7-415
	12 YR	159-387	102-444
	13-14 YR, F	12-284	0-352
	13-14 YR, M	100-420	20-500
	15 YR, F	35-117	14-138
	15 YR, M	43-267	0-323
LD/(LDH) U/L	0-1 MO	>500	
	1 MO-17 MO	208-473	142-540
	18 MO-2 YR	249-403	210-442
	3-7 YR	191-381	144-429
	8-11 YR	173-326	135-364
	12-13 YR, F	129-276	92-313
	12-13 YR, M	174-314	139-349
	14 YR	150-278	118-310
	15 YR	117-279	77-320
AST (SGOT) U/L	0-1 MO	14-70	0-84
	1 MO-17 MO	13-64	0-77
	18 MO-4 YR	16-46	9-54
	5-10 YR	10-41	2-49
	11-12 YR	9-33	3-39
	F, 13-14 YR	5-30	0-37
	M, 13-14 YR	9-36	2-43
	15 YR	3-33	0-41
ALT (SGPT) U/L	0-1 MO	0-34	0-43
	1 MO-17 MO	0-53	0-66
	18 MO-15 YR	0-35	0-44
IRON MCG/DL	0-1 MO	20-157	20-198
	2 MO-2 YR	20-115	20-145
	3-8 YR	20-141	20-177
	9-13 YR	20-151	20-184
	14-16	20-181	20-228

CBC REFERENCE RANGES FOR CHILDREN

AGE	WBC	RBC (± 5)	HGB (± 1.0)
1 YEAR	6,000-17,500	4.5×10^6	11.3 g/dl
2 YEARS	6,000-17,000	4.7×10^6	11.9 g/dl
4 YEARS	5,500-15,500	4.7×10^6	12.6 g/dl
6 YEARS	5,000-14,500	4.7×10^6	13.0 g/dl
8 YEARS	4,500-13,500	4.7×10^6	13.2 g/dl
10 YEARS	4,500-13,500	4.8×10^6	13.4 g/dl
12 YEARS	4,500-13,500	4.8×10^6	13.6 g/dl
14 YEARS	4,500-13,000	5.1×10^6	13.8 g/dl
16 YEARS	4,500-13,000	ADULT NORMALS	ADULT NORMALS
18 YEARS	4,500-12,500	ADULT NORMALS	ADULT NORMALS
20 YEARS	4,500-11,500	ADULT NORMALS	ADULT NORMALS
21 YEARS	4,500-11,000	ADULT NORMALS	ADULT NORMALS

National Health Laboratories
INCORPORATED

13900 PARK CENTER ROAD

HERNDON, VIRGINIA 22071

PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
9TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.	
ONEILL JOHN P	M	38	142078	09/05/90	09/08/90	2710012	0391

TEST	RESULTS	FLAG	REFERENCE RANGES
	FINAL REPORT		
			FEMALE: 3.8 - 5.4
MCV	94 CU. MICRONS		80 - 100
MCH	32.2 MICRO-MICRO GMS		27.0 - 34.0
MCHC	34.4 %		31.0 - 36.0
WHITE BLOOD COUNT	5.4 THOUS/CU.MM.		4.0 - 11.0
LYMPHOCYTE	41 %		18 - 46
NEUTROPHIL	50 %		45 - 75
MONOCYTE	6 %		0 - 11
EOSINOPHIL	2 %		0 - 6
BASOPHIL	1 %		0 - 2
PLATELET COUNT	337 THOUS/CU.MM.		140 - 450
THYROXINE (T4) - RIA	7.6 MCG/DL		4.5 - 12.5
BILIRUBIN - INDIRECT	1.1 MG/DL	HI	0.2 - 1.0
BILIRUBIN - DIRECT	0.1 MG/DL		0.0 - 0.4
URINALYSIS WITH MICROSCOPIC			
COLOR	BROWN		
MICROSCOPIC EXAM. REQUIRED			
APPEARANCE	CLEAR		
URINE PH	6.0		5.0 - 9.0
SPECIFIC GRAVITY	1.027		1.003 - 1.030
GLUCOSE	NEGATIVE		NEGATIVE
PROTEIN	NEGATIVE		NEGATIVE
KETONES	TRACE		NEGATIVE
BLOOD	NEGATIVE		NEGATIVE
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NEGATIVE		0 - 1+
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
OCCULT BLOOD - FECES	SOURCE: ≑ ≑		
	NO SPECIMEN RECEIVED-PLEASE RESUBMIT AT NO		CHARGE.
SEROLOGY (RPR) - QUAL.	NON REACTIVE		NON-REACTIVE
SEROLOGY (RPR) - QUANT.	NOT INDICATED		NON-REACTIVE
FTA (IF RPR REACTIVE)	NOT INDICATED		

Hbr
10/4/90

b6
b7C

Director of Laboratories

National Health Laboratories
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HERNDON, VIRGINIA 22071

PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
[illegible]TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONIELL P	M		176716	09/11/90	09/13/90	2710012

0562

TEST	RESULTS	FLAG	REFERENCE RANGES
8-28	FINAL REPORT		
OCCULT BLOOD - FECES	SOURCE: STOOL		
	NEGATIVE FOR OCCULT BLOOD.		

MC

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b7C

Director of Laboratories

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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONIELL J P	M		176717	09/11/90	09/13/90	2710012

0563

TEST	RESULTS	FLAG	REFERENCE RANGES
8-29			
	FINAL REPORT		
OCCULT BLOOD - FECES	SOURCE: STOOL		
	NEGATIVE FOR OCCULT BLOOD.		

RC

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b7C

Director of Laboratories

b6
b7C

SPIROTECH, INCORPORATED
ATLANTA, GEORGIA
SPIROTECH MODEL 900
SUMMARY TABLE PRINTOUT

PATIENT NAME: DANIELL
ID: NONE
DATE: 8/ 6/80 TEMP=97.5C BTPS CORR= .997 B
MALE, WHITE HEIGHT: 72.0IN. AGE: 38YRS OK
FVC CRIT= 5% FEV1 CRIT= 5% BAR PR=760.0 FO
NORMALS: [redacted]

MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.11	5.33	96%
FEV.5	3.50	3.37	104%
FEV1	4.36	4.28	102%
FEV3	4.97	5.10	98%
PEFR	10.34	9.87	105%
MMEF	5.21	5.13	101%
FEF25%	8.18	9.15	89%
FEF50%	6.29	6.65	95%
FEF75%	2.05	3.45	59%
FEV.5/VC	.68		
FEV1/VC	.85	.82	104%
FEV3/VC	.97		

[redacted]

High Normal

10/4/80

INDIVIDUAL SPIROGRAM RESULTS

	1	2	3
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	5.11 96%	4.97 93%	5.05 95%
FEV.5	3.47 103%	3.37 100%	3.50 104%
FEV1	4.32 101%	4.23 99%	4.36 102%
FEV3	4.97 98%	4.80 94%	4.89 96%
PEFR	10.34 105%	10.43 106%	9.71 98%
MMEF	5.21 101%	5.05 98%	5.56 107%
FEF25%	8.18 89%	7.88 84%	7.79 85%
FEF50%	6.29 95%	6.80 95%	6.70 101%
FEF75%	2.05 59%	1.98 57%	2.32 67%
FEV.5/VC	.68	.69	.69
FEV1/VC	.85 103%	.85 103%	.86 105%
FEV3/VC	.97	.96	.97

at 10mm/sec.

1 sec. at 20mm/sec.

8
7
6
5
4
3
2
1

ONEILL, JOHN

9-5-98

ATLANTA, GA.

REORDER P/N S010-02

PRINTED IN U.S.A.

sec. at 10mm/sec.

1 sec. at 20mm/sec.

8

7

6

5

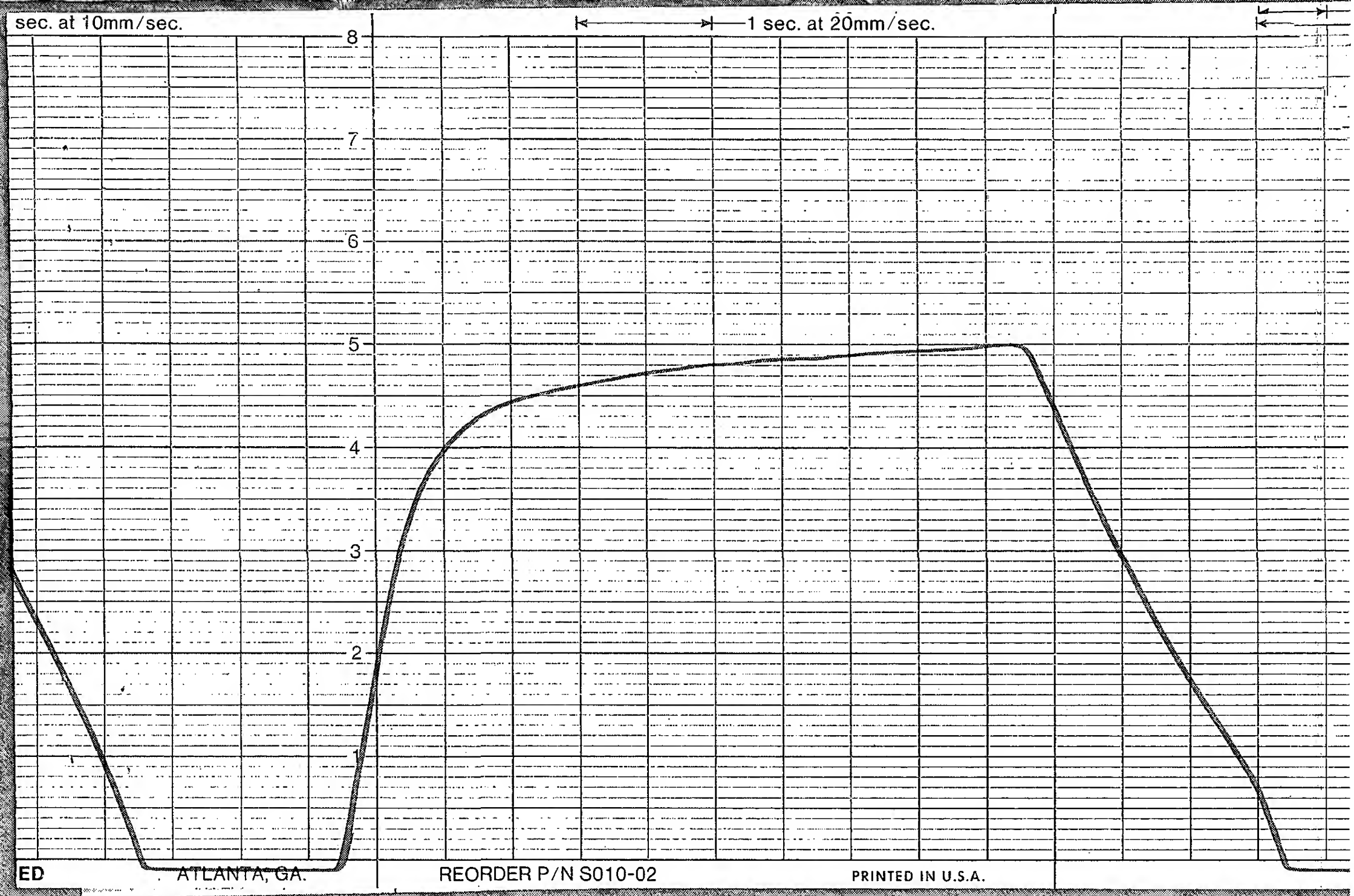
4

3

2

1

SPIROTECH, INCORPORA



ED ATLANTA, GA. REORDER P/N S010-02 PRINTED IN U.S.A.

O'NEILL, JOHN

9-5-90

b6
b7C

Rate 70/min

WNC

10/4/90

I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

RHYTHM STRIP: II
25 mm/sec; 1 cm/mV

.05-40Hz 60903

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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO.
ONIELL J P	M		176718	09/11/90	09/13/90	2710012

0564

TEST	RESULTS	FLAG	REFERENCE RANGES
9-4	FINAL REPORT		
OCCULT BLOOD - FECES	SOURCE: STOOL		
	NEGATIVE FOR OCCULT BLOOD.		

MC

b6
b7C

Director of Laboratories

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (Type or print) O'Neill (Last) John (First) P. (Middle)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☑ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

_____

FBI/DOJ

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

Wt 157 #

4. Examinee's frame is ☐ small ☐ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☑ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: Skin fold measurements 10/4/90

24
4 errors
18
87 =

18
44
22
84 = 25.3
7 EW

[redacted] b6 b7C

Signature of Medical Examiner

10/4/90

Date

STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
~~John P. O~~ O'Neill, John P.	147-42-1004
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION** (title, grade, component) GM-14

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
FITNESS FOR DUTY	8/29/90	FBI

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

EXCELLENT
CURRENTLY TAKING Chloromycetin 25MG FOR Conjunctivitis in Both Eyes

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas
	✓		Rheumatic fever
	✓		Swollen or painful joints
	✓		Frequent or severe headache
	✓		Dizziness or fainting spells
	✓		Eye trouble
	✓		Ear, nose, or throat trouble
	✓		Hearing loss
	✓		Chronic or frequent colds
	✓		Severe tooth or gum trouble
	✓		Sinusitis
	✓		Hay Fever
	✓		Head injury
	✓		Skin diseases
	✓		Thyroid trouble
	✓		Tuberculosis
	✓		Asthma
	✓		Shortness of breath
	✓		Pain or pressure in chest
	✓		Chronic cough
	✓		Palpitation or pounding heart
	✓		Heart trouble
✓			High or low blood pressure

YES	NO	DON'T KNOW	(Check each item)
	✓		Cramps in your legs
	✓		Frequent indigestion
	✓		Stomach, liver, or intestinal trouble
	✓		Gall bladder trouble or gallstones
	✓		Jaundice or hepatitis
	✓		Adverse reaction to serum, drug, or medicine
	✓		Broken bones
	✓		Tumor, growth, cyst, cancer
	✓		Rupture/hernia
	✓		Piles or rectal disease
	✓		Frequent or painful urination
	✓		Bed wetting since age 12
	✓		Kidney stone or blood in urine
	✓		Sugar or albumin in urine
	✓		VD—Syphilis, gonorrhea, etc.
	✓		Recent gain or loss of weight
	✓		Arthritis, Rheumatism, or Bursitis
	✓		Bone, joint or other deformity
	✓		Lameness
	✓		Loss of finger or toe
	✓		Painful or "trick" shoulder or elbow
	✓		Recurrent back pain

YES	NO	DON'T KNOW	(Check each item)
	✓		"Trick" or locked knee
	✓		Foot trouble
	✓		Neuritis
	✓		Paralysis (include infantile)
	✓		Epilepsy or fits
	✓		Car, train, sea or air sickness
	✓		Frequent trouble sleeping
	✓		Depression or excessive worry
	✓		Loss of memory or amnesia
	✓		Nervous trouble of any sort
	✓		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

YES	NO	DON'T KNOW	(Check each item)
			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
Inspector's Aide

14. ARE YOU (Check one)
☐ Right handed ☒ Left handed

93-102

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details*).
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
	✓	18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
	✓	19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

Mole Removal 1957
Tonsils, 1958
Appendectomy 1960

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
John P. O'Neill	John P. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

Arm if need to control dust, pollen and
irritation of ETOH

Nose bleeds -

No illness -

Low HDC - on high fish diet

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	10/4/90		

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE : 1984 O - 421-526 (242)

STANDARD FORM 93
REV. OCTOBER 1974
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
O'NEILL, JOHN P.	147-42-1004
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)* 219 So. Dearborn Chgo. Ill. 60604	**4. POSITION** *(title, grade, component)* SPECIAL AGENT
5. PURPOSE OF EXAMINATION ANNUAL	**6. DATE OF EXAMINATION** 1/12/95
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)* GALTER LIFE CENTER 5157 NO. FRANCISCO AVENUE CHICAGO, ILLINOIS 60625	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

Victor C

In good health.
Fitness program includes running, weights.

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

ASAC

14. ARE YOU *(Check one)*

☐ Right handed ☑ Left handed

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (*If yes, give reasons.*)
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details*).
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

16- [redacted] - Age 6 - Mole Removal

18-19 - Age 10 - Tonsil

18-19 - Age 12 - Appendicitis

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
John P. O'Neill	John P. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

No significant medical/surgical problem on Review of Systems.

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE		NUMBER OF ATTACHED SHEETS
M.D.	1-12-95		

REVERSE OF STANDARD FORM 93

vernment Printing Office: 1992 — 312-071/40253

12 Lead ST Level +0.4 filter on Gain x1

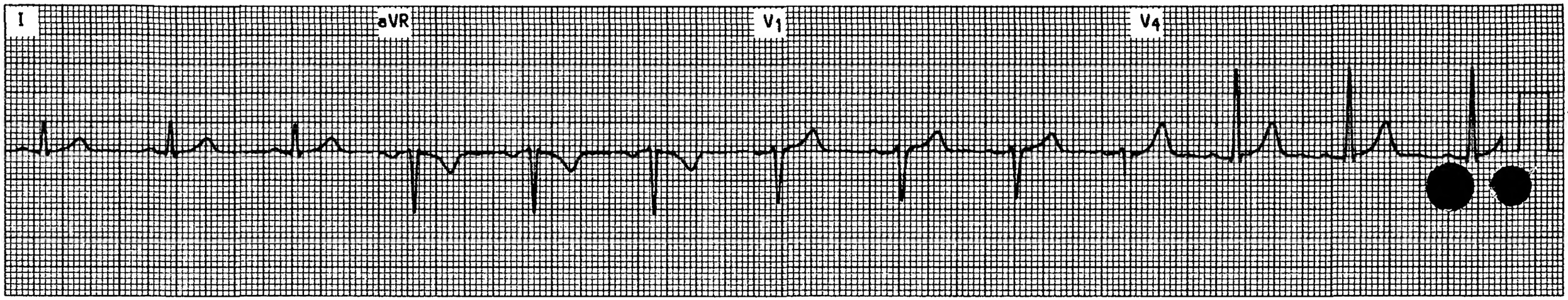
Resting ST Slope -1 HR 73 25 mm/sec

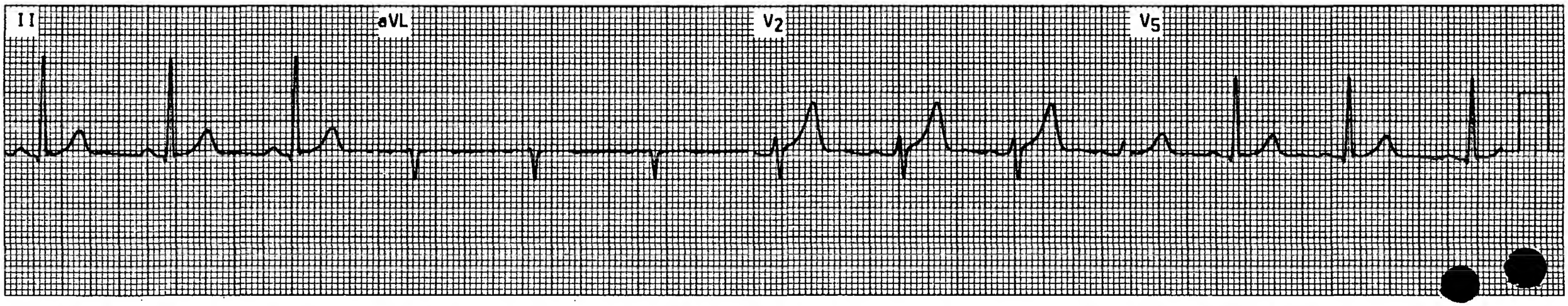
O'NEILL, JOHN
1-12-95
REST-SUPINE

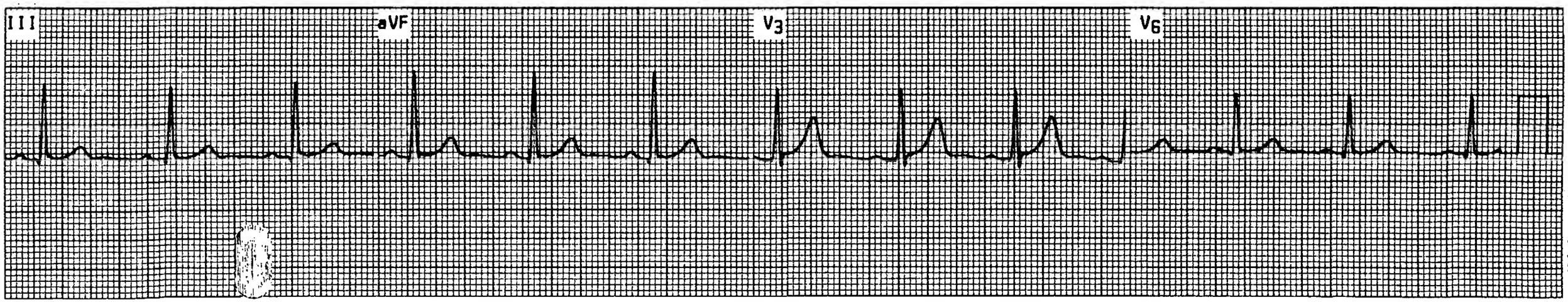
Interpretation: Sinus rhythm.
Normal ECG.

b6
b7C

MD







Quinton

MEDICAL RECORD — REPORT OF MEDICAL EXAMINATION

DATE OF EXAM: 12/6/96

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION
O'NEILL, JOHN P.	149-42-1004	SES-04

4. HOME ADDRESS *(Number, street or RFD, city or town, state and ZIP code)*

5. EMERGENCY CONTACT *(Name and address of contact)*

[redacted] b6 b7C

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
2/06/52	44	☐ FEMALE ☑ MALE	

10. PLACE OF BIRTH: VENTNOR, NJ

11. RACE: ☑ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE	
		a. MILITARY	b. CIVILIAN
FBI		-	26

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS

15. RATING OR SPECIALTY OF EXAMINER

16. PURPOSE OF EXAMINATION

17. CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL	NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP		✓	O. PROSTATE *(Over 40 or clinically indicated)*	
✓	B. EARS-GENERAL *(INTERNAL CANALS)* *(Auditory acuity under items 39 and 40)*		✓	P. TESTICULAR	
			✓	Q. ANUS AND RECTUM *(Hemorrhoids, Fistulae)(Hemocult Results)*	
✓	C. DRUMS *(Perforation)*		✓	R. ENDOCRINE SYSTEM	
✓	D. NOSE		✓	S. G-U SYSTEM	
✓	E. SINUSES		✓	T. UPPER EXTREMITIES *(Strength, range of motion)*	
✓	F. MOUTH AND THROAT		✓	U. FEET	
✓	G. EYES-GENERAL *(Visual acuity and refraction under items 28, 29, and 36)*		✓	V. LOWER EXTREMITIES *(Except feet)(Strength, range of motion)*	
✓	H. OPHTHALMOSCOPIC		✓	W. SPINE, OTHER MUSCULOSKELETAL	
✓	I. PUPILS *(Equality and reaction)*		✓	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	J. OCULAR MOTILITY *(Associated parallel movements nystagmus)*		✓	Y. SKIN, LYMPHATICS	
✓	K. LUNGS AND CHEST		✓	Z. NEUROLOGIC *(Equilibrium tests under item 41)*	
✓	L. HEART *(Thrust, size, rhythm, sounds)*		✓	AA. PSYCHIATRIC *(Specify any personality deviation)*	
✓	M. VASCULAR SYSTEM *(Varicosities, etc.)*			BB. BREASTS	
✓	N. ABDOMEN AND VISCERA *(Include hernia)*			CC. PELVIC *(Females only)*	

NOTES: *(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)*

12/11/96 Blood redrawn. Tech stated that there was not enough blood before. [redacted] RN b6 b7C

2" scar left interscapular area

Physical reviewed in error on by [redacted] RN on 1-6-97

18. DENTAL *(Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

Restorable Teeth: 1 2 3 / 32 31 30 — 0 (31)

Non-restorable teeth: 1 2 3 / 32 31 30 — X (31)

Missing Teeth: X X X / 1 2 3 / 32 31 30 — X X X

Replaced by Dentures: (1 X 3) / 32 31 30 — (X)

Fixed Partial Dentures

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments) of reports

A. URINALYSIS: (1) SPECIFIC GRAVITY

(2) URINE ALBUMIN

(3) URINE SUGAR

(4) MICROSCOPIC

B. CHEST X-RAY OR PPD *(Place, date, film number and result)*

C. SYPHILIS SEROLOGY *(Specify test used and results)*

D. EKG

E. BLOOD TYPE AND RH FACTOR

F. OTHER TESTS 12-6-96 PPD placed left forearm by [redacted] RN b6 b7C

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6' 2"	233			☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	98.3

26. BLOOD PRESSURE *(Arm at heart level)*						27. PULSE *(Arm at heart level)*				
A. SITTING	SYS. 120 / DIAS. 88	B. RECUMBENT	SYS. / DIAS.	C. STANDING *(5 mins.)*	SYS. / DIAS.	A. SITTING 83	B. RECUMBENT	C. STANDING *(3 mins.)*	D. AFTER EXERCISE	E. 2 MINS. AFTER

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION		
RIGHT 20/ 40	CORR. TO 20/	BY	S.	CX	20/20	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	20/20	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT	5/6		CORRECTED
35. FIELD OF VISION		36. NIGHT VISION *(Test used and score)*	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT	LEFT			RIGHT 20 LEFT 17

39. HEARING			40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
				250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
RIGHT WV	/15 SV	/15	RIGHT									
LEFT WV	/15 SV	/15	LEFT									

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

1) Hyperlipidemia c ↓HDL + ↑LDL
2) HFHL - AU

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

Low fat diet + Exercise
Ear plugs + "ears" for hearing protection

45A. PHYSICAL PROFILE

P	U	L	H	E	S

45B. PHYSICAL CATEGORY

C	E

46. EXAMINEE *(Check)*

A. ☑ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE — MD 12/18/96

49. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)* — SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

b6
b7C

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: O'NEILL, JOHN [redacted] ACCOUNT #: [redacted] 147421004
DOCTOR: FBI DATE/TIME COLL: 09-DEC-96 09:45 AM
D/A DATE: A 09-DEC-96 DATE RECEIVED: 09-DEC-96
LOC: PLA SEX: M DATE/TIME REP: 12-DEC-96 08:58 AM
SPECIMEN ID: 79826

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
HEMATOLOGY			
COMMENT	SHORT DDRAW FOR CBC. RESUBMIT		
URINALYSIS			
APPEARANCE	TURBID		
URINE COLOR	YELLOW		
URINE SPGR	1.025		1.003-1.030
URINE PH	5.0		5-9
URINE PROTEIN	NEGATIVE		0-30 MG/DL
URINE GLUCOSE	NEGATIVE		-NEGATIVE
URINE KETONES	NEGATIVE		-NEGATIVE
URINE BILIRUBIN	NEGATIVE		-NEGATIVE
UR. OCCULT BLOOD	NEGATIVE		-NEGATIVE
UROBILINOGEN	0.2		0-1.0 EU/DL
URINE NITRATE	NEGATIVE		-NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE		-NEGATIVE
CHEMISTRY			
CALCIUM	10.2		8.7-10.7 MG/DL
PHOSPHORUS	3.0		2.7-4.5 MG/DL
GLUCOSE	92		55-120 MG/DL
URIC ACID	7.3		3.1-8.3 MG/DL
BUN	13		7-25 MG/DL
CREATININE	1.0		0.5-1.5 MG/DL
BUN/CREATININE	13.0		6-26
TOTAL PROTEIN	7.4		6.0-8.0 GM/DL
ALBUMIN	4.9		3.2-5.5 GM/DL
GLOBULIN	2.5		1.8-3.5 G/DL
ALBUMIN/GLOBULIN	2.0		1.0-2.6
DIRECT BILIRUBIN	0.14		0-0.3 MG/DL
TOTAL BILIRUBIN	1.2		0.2-1.5 MG/DL
SGOT	32		7-55 U/L
SGPT	59		4-65 U/L
GGT	52		10-85 U/L
LDH	131		10-230 U/L
SODIUM	139		135-147 MEQ/L
POTASSIUM	5.1		3.5-5.4 MEQ/L

CHEMISTRY (continued on next page)

FBI/HEALTH SERVICES
ATTN: [redacted] b6 b7C
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: O'NEILL, JOHN
DOCTOR: FBI
D/A DATE: A 09-DEC-96
LOC: PLA SEX: M
SPECIMEN ID: 79826

ACCOUNT #: 147421004
DATE/TIME COLL: 09-DEC-96 09:45 AM
DATE RECEIVED: 09-DEC-96
DATE/TIME REP: 12-DEC-96 08:58 AM

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
CHEMISTRY (continued)			
CHLORIDE	110		96-113 MEQ/L
CO2	26.4		18-32 MEQ/L
IRON	104		55-175 UG/DL
INTERPRETATION	(SEE BELOW)		
CORONARY HEART DISEASE RISK FACTOR ANALYSIS			
			MEN WOMEN
			1/2 AVERAGE 1.00 1.47
LDL/HDL RATIO	4.79 H*		AVERAGE 3.55 3.22
			2 X AVERAGE 6.25 5.03
			3 X AVERAGE 7.99 6.14
TRIGLYCERIDES	101		23-200 MG/DL
CHOLESTEROL		217 H	145-200 MG/DL
HDL CHOLESTEROL	34		27-67 MG/DL
CHOL/HDL RATIO		6.4 H	0.0-4.97
LDL CHOLESTEROL	162.80		62-178 MG/DL
VLDL CHOLESTEROL	20.2		0-40 MG/DL
ALK PHOS	69		37-120 U/L
SPECIAL CHEMISTRY			
T4	7.2		4.5-12.0 UG/DL
PROSTATE SPEC AG	0.7		0.0-4.0 NG/ML
TEST INFORMATION			
COMMENTS	(SEE BELOW)		

Test not done: COMPLETE BLOOD COUNT
Reason: QUANTITY IS NOT SUFFICIENT TO PERFORM TEST.
Notified : [redacted] b6 b7C
Date/Time: 11-DEC-96 13:20
TECH: JAM

FBI/HEALTH SERVICES
ATTN: [redacted] b6 b7C
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: O'NEILL, JOHN [redacted] ACCOUNT #: [redacted] 147421004
DOCTOR: FBI DATE/TIME COLL: 09-DEC-96 09:45 AM
D/A DATE: A 09-DEC-96 DATE RECEIVED:
LOC: PLA SEX: M DATE/TIME REP: 12-DEC-96 08:58 AM
SPECIMEN ID: 79827

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
URINALYSIS			
STOOL BLOOD	NEGATIVE		-NEGATIVE

FBI/HEALTH SERVICES b6
ATTN: [redacted] b7C
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: O'NEILL, JOHN [redacted] ACCOUNT #: [redacted] 147421004
DOCTOR: FBI DATE/TIME COLL: 09-DEC-96 09:45 AM
D/A DATE: A 09-DEC-96 DATE RECEIVED:
LOC: PLA SEX: M DATE/TIME REP: 12-DEC-96 08:58 AM
SPECIMEN ID: 79828

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
URINALYSIS			
STOOL BLOOD	NEGATIVE		-NEGATIVE

FBI/HEALTH SERVICES
ATTN: [redacted]
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

b6
b7C

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: O'NEILL, JOHN [redacted] ACCOUNT #: [redacted] 147421004
DOCTOR: FBI DATE/TIME COLL: 09-DEC-96 09:45 AM
D/A DATE: A 09-DEC-96 DATE RECEIVED:
LOC: PLA SEX: M DATE/TIME REP: 12-DEC-96 08:58 AM
SPECIMEN ID: 79829

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
URINALYSIS			
STOOL BLOOD	NEGATIVE		-NEGATIVE

FBI/HEALTH SERVICES
ATTN: [redacted] b6 b7C
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

*** O'NEILL, JOHN,12-DEC-96 AT 08:58 ***

FINAL PG 5

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: ONEIL, JOHN
DOCTOR: FBI
D/A DATE: A 11-DEC-96
LOC: PLA SEX: M
SPECIMEN ID: 83222

ACCOUNT #: 83222
DATE/TIME COLL: 11-DEC-96 10:10 AM
DATE RECEIVED: 11-DEC-96
DATE/TIME REP: 12-DEC-96 08:58 AM

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
HEMATOLOGY			
WBC	6.3		4.0-10.2 X10^3
RBC	5.16		4.5-6.0 X10^6
HGB		17.0 H	13.0-16.8 GM/DL
HEMATOCRIT	48.4		40.0-54.0 %
MCV	93.9		77-98 MMM3
MCH		33.0 H	24.6-32.5 MMG
MCHC	35.2		32.2-35.25 G/DL
RDW	12.9		11.6-14.7 %
PLATELET COUNT	284		140-400 X10^3
GRANULOCYTES	68.4		50-70 %
LYMPH	20.7		20-40 %
MONOS	7.8		4-13.0 %
EOS	2.3		0-6 %
BASOS	0.8		0-2 %
CHEMISTRY			
CALCIUM	10.3		8.7-10.7 MG/DL
PHOSPHORUS	3.2		2.7-4.5 MG/DL
GLUCOSE	100		55-120 MG/DL
URIC ACID	6.4		3.1-8.3 MG/DL
BUN	12		7-25 MG/DL
CREATININE	1.0		0.5-1.5 MG/DL
BUN/CREATININE	12.0		6-26
TOTAL PROTEIN	7.4		6.0-8.0 GM/DL
ALBUMIN	4.8		3.2-5.5 GM/DL
GLOBULIN	2.6		1.8-3.5 G/DL
ALBUMIN/GLOBULIN	1.8		1.0-2.6
DIRECT BILIRUBIN	0.10		0-0.3 MG/DL
TOTAL BILIRUBIN	1.0		0.2-1.5 MG/DL
SGOT	29		7-55 U/L
SGPT	50		4-65 U/L
GGT	53		10-85 U/L
LDH	131		10-230 U/L
SODIUM	141		135-147 MEQ/L
POTASSIUM	4.9		3.5-5.4 MEQ/L
CHLORIDE	109		96-113 MEQ/L
CO2	27.5		18-32 MEQ/L

CHEMISTRY (continued on next page)

FBI/HEALTH SERVICES
ATTN: [redacted]
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

b6
b7C

*** ONEIL, JOHN,12-DEC-96 AT 08:58 ***

FINAL PG 1

PROVIDENCE LABORATORY ASSOCIATES
11420 ROCKVILLE PIKE - ROCKVILLE, MD 20852 - (301)230-7521

PATIENT NAME: ONEIL, JOHN — ACCOUNT #: 83222
DOCTOR: FBI — DATE/TIME COLL: 11-DEC-96 10:10 AM
D/A DATE: A 11-DEC-96 — DATE RECEIVED: 11-DEC-96
LOC: PLA SEX: M — DATE/TIME REP: 12-DEC-96 08:58 AM
SPECIMEN ID: 83222

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE
CHEMISTRY (continued)			
IRON	89		55-175 UG/DL
INTERPRETATION	(SEE BELOW)		
CORONARY HEART DISEASE RISK FACTOR ANALYSIS			
			MEN WOMEN
			1/2 AVERAGE 1.00 1.47
LDL/HDL RATIO	4.29 H*		AVERAGE 3.55 3.22
			2 X AVERAGE 6.25 5.03
			3 X AVERAGE 7.99 6.14
TRIGLYCERIDES	113		23-200 MG/DL
CHOLESTEROL		208 H	145-200 MG/DL
HDL CHOLESTEROL	35		27-67 MG/DL
CHOL/HDL RATIO		5.9 H	0.0-4.97
LDL CHOLESTEROL	150.		62-178 MG/DL
VLDL CHOLESTEROL	23.		0-40 MG/DL
ALK PHOS	71		37-120 U/L
SPECIAL CHEMISTRY			
T4	7.1		4.5-12.0 UG/DL
PROSTATE SPEC AG	0.8		0.0-2.8 NG/ML

FBI/HEALTH SERVICES
ATTN: [redacted]
935 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20535

b6
b7C

*** ONEIL, JOHN,12-DEC-96 AT 08:58 ***

FINAL PG 2

x O'Neill, John

DATE: 12 06 96
JOB NO.:.....
NOISE EXP.:.....
PROTECTOR:.....
BIRTH DATE:.....
SEX:.....M.....

L 1K 40+30+20+10+00+
00+
L.5K 10-30+20+10-15+
05-10-15+
L 1K 00-20+10+00+00+
L 2K 10+00-05-10+00-
05-10+
L 3K 20+10-15-20+10-
15-20+
L 4K 30-50+40+30+20-
25-30-35+25-30-
35+
L 6K 45+35+25+15-20-
25-30+20+10-15-
20-25-30+
L 8K 40-60+50+40+30-
35-40-45+35-40-
45+
R.5K 40+30+20+10+00-
05+00-05+
R 1K 15+05+00-05-10+
00-05+00-05+
R 2K 15+05-10+00-05-
10-15+05-10-15+
R 3K 25+15+05-10-15-
20+10-15+05-10-
15+
R 4K 25+15-20+10-15-
20+
R 6K 30+20-25+15-20-
25+
R 8K 35+25-30+20-25-
30+

AUDIOGRAM

FREQ.	L dB	R dB
500HZ	15	05
1000HZ	00	05
2000HZ	10	15
3000HZ	20	15
4000HZ	35	20
6000HZ	30	25
8000HZ	45	30

THRESHOLD AVERAGE

.5-1-2K	8	8
1-2-3K	10	12
2-3-4K	22	17
3-4-6K	28	20
4-6-8K	37	25
.5-1-2-3K	11	10

TEST COMPLETE

MAICO MA728 SN 31993
CALIBRATED 5-96
ANSI S3.6-1969,R1973

EXAMINER:

X. [redacted]

b6
b7C

O'NEIL, JOHN ID: 147421004 6-Dec-1996 11:04:09 FBI HCPU

44years
Male

Vent. rate	75	bpm
PR interval	158	ms
QRS duration	82	ms
QT/QTc	374/418	ms
P-R-T axes	46 54 46	

Normal sinus rhythm
Normal ECG

[redacted]
12/18/96

b6
b7C

Reviewed by:

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC 8 001D 12SL^{tm} v250

marquette electronics inc. | DIRECT DIGITAL™ RECORDING | | MEI

U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535

I, John R. O'Neill, voluntarily take the T.B. Test intradermally as a screening method for tuberculosis. I release Health Service of any liability. I confirm that I have not had a T.B. Test within the last year. I have no known allergy to the T.B. Test.

Have you ever had in the past, a positive reaction to a T.B. intradermal test: Yes ( ) No (✓)

J. R. O'Neill
Employee Signature

147-42-1004
SSAN#

(L) forearm
TESTING

Administered by: [redacted] RN Date: 12-6-16 10:00 AM

Read by: _____ Date: _____

Results: _____

b6
b7C

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (Type or print) O'NEILL (Last) JOHN (First) P. (Middle)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☑ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

_____

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☐ Satisfactory ☑ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☑ lose 30 pounds
   ☐ gain _____ pounds

Remarks: _____

[redacted]

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Examiner

12/18/96

Date

☆ U.S.G.P.O.: 1988-491-509/54778

STANDARD FORM 93
REV. OCTOBER 1974
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME O'Neill, John P.	2. SOCIAL SECURITY OR IDENTIFICATION NO. 147-42-1004
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. POSITION (title, grade, component) SES-04

5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 12/6/96	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) FBIHQ

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good.

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble						✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

YES	NO	DON'T KNOW	
			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
Chief of Counterterrorism Section

14. ARE YOU (Check one)
☐ Right handed ☑ Left handed

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	✓	B. Inability to perform certain motions.	
	✓	C. Inability to assume certain positions.	
	✓	D. Other medical reasons (*If yes, give reasons.*)	Thought this was medical NOT MENTAL
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details).*	~~See prior forms~~
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
✓		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	See prior forms
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	" " "
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
John R. O'Neill	John R. O'Neill

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

No change

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TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE		NUMBER OF ATTACHED SHEETS
[redacted]	12/18/98		4

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1989 241-175/90071

FD-277 (Rev. 2-4-91)

Memorandum

HQ

To : Director, FBI

Date 5/10/95

From : SAC, CHICAGO

Attention: **Administrative Services Division**
(1) Staffing & Pay Administration Unit
(2) Health Care Programs Unit

Subject: JOHN P. O'NEILL
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☐ Remylet _____ .
☐ ReBulet _____ .

☒ Re physical examination 1/12/95 .
☐ Dental work was completed on _____ .
☒ Vision has been corrected to 20/20 both eyes . Employee specifically instructed 2/1/95 (date) by [redacted] R.N. (name of person giving instruction) that he/she can operate a Bureau car only when wearing the necessary glasses.

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☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No. If answered no, explain under remarks.
☐ Future participation in firearms is remote and weapon will be returned to the Bureau.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____
_____ .
☐ Time and attendance (T&A) records checked and showed employee was on _____ hours (check one: ☐ Continuation of Pay ☐ Annual Leave ☐ Sick Leave ☐ Leave Without Pay) at time employee sustained injury. (THIS MUST AGREE WITH CA-1). Enclosed is copy of T&A record.
☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____ .
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____ .
☐ Employee's physical condition is _____ .
☐ UACB he/she is being removed from limited duty.
☐ UACB, he/she is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him/her fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: ASAC O'NEILL is aware of the results of his physical. Per the examining doctor's recommendations he was advised to follow a low calorie, low fat, low cholesterol, high fiber diet to improve his lipid values and achieve his ideal weight. He was also encouraged to follow up with his personal physician if his cholesterol values do not improve.

1- Bureau
1- Chicago
SC/ssp
(2)

Enclosure

REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT / POSITION	3. IDENTIFICATION NO.
O'NEILL, JOHN P.	SPECIAL AGENT	147-42-1004

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
219 So. Dearborn Rm 905 Chgo. Il.	ANNUAL	1/12/95

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	C			FBI	CHICAGO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52	On record	On record

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
GALTER LIFE CENTER, 5157 NO. FRANCISCO AVE. CHICAGO, ILLINOIS 60625	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS–GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhyhm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities,etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, Fistular) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check now done) ☐ VAGINAL ☑ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

Reviewed by [redacted] 3rd. b6 b7C
Chicago Office 3/2/9.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

Restorable Teeth: 1, 2, 3 (0 over 2); 32, 31, 30 (0 under 31)
Non-restorable teeth: 1, 2, 3 (/ over 2); 32, 31, 30 (/ under 31)
Missing Teeth: 1, 2, 3 (x over 2); 32, 31, 30 (x under 31)
Replaced by Dentures: x x x over 1 2 3; 32 31 30 under; x x x
Fixed Partial dentures: 1, 2, 3 (x over 2); 32, 31, 30 (x under 31)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN / D. MICROSCOPIC	
C. SUGAR	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
6' 1/2"	223	BROWN	HAZEL	☐ SLENDER ☐ MED ☑ HEAVY ☐ OBESE	98.4

57. BLOOD PRESSURE (Arm at heart level)						58. P (Arm at heart level)				
A. SITTING	SYS. 138 / DIAS. 88	B. RECUMBENT	SYS. 120 / DIAS. 78	STANDING (5 min.)	SYS. 120 / DIAS. 80	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA *(Specify distance)*

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION *(Test used and result)*	65. *DEPTH PERCEPTION Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
66. FIELD OF VISION		67. NIGHT VISION *(Test used and score)*	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT									
			LEFT									

73 NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

No significant medical or surgical problem since last exam.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

No physical defects found.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*	76. A. PHYSICAL PROFILE
See Summary sheet.	P U L H E S
77. EXAMINEE *(Check)* A. ☑ IS QUALIFIED FOR full duty. B. ☐ IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A B C E
79. TYPED OR PRINTED NAME OF PHYSICIAN [redacted] M.D.	SIGN [redacted] b6 b7C
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGN
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	SIGNATURE
82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

*U.S. Government Printing Office: 1991 — 281-782/40135

Galter
LifeCenter
A Swedish Covenant Hospital Affiliate

Noel D. Nequin, M.D.
Medical Director

SUMMARY OF PHYSICAL EXAMINATION RESULTS

Name: O'NEILL, JOHN P. Date of Exam: 1-12-95

MEDICAL HISTORY AND REVIEW OF SYSTEMS:

✓ No significant abnormalities identified.

Comments:

PHYSICAL EXAMINATION ABNORMALITIES:

✓ No significant abnormalities found.

Comments:

24 percent body fat indicates at least 18 lbs over desirable weight.

LABORATORY TEST RESULTS:

_____ No significant abnormalities found.

Comments:

Abnormal lipid profile: total cholesterol of 213 mg (slightly high)
HDL of 35 mg is low. TC to HDL ratio is 6.0 (also high).
LDL of 157 mg is also elevated.

RECOMMENDATIONS:

We recommend stricter adherence to low-fat, low-cholesterol, high-fiber diet, along with some weight reduction. With these, expect some improvement in the abnormal lipid values. If they remain high, please have your physician evaluate need for drug therapy.

The ideal "preventive levels" for blood fats (lipids) are:
Total cholesterol - 160 mg or under
HDL - as high as possible - will increase with endurance exercise.
TC/HDL ratio - below 4.0
LDL-cholesterol - under 130 mg.

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5157 North Francisco Avenue
Chicago, Illinois 60625
(312) 878-9936
Fax (312) 728-3584

Swedish Covenant Hospital
5145 N. California, Chicago, IL 60625
(312) 878-8200
Fax No. (312) 275-4950

DEPARTMENT OF LABORATORY MEDICINE
J. B. McCormick M.D.
L. E. Dardi M.D.
P. Guariglia M.D.
C. A. Mudd M.D., *Consultant*

PHYSICIANS MEDICAL LABORATORY
PATIENT REPORT for
LIFECENTER ON THE GREEN

C117938 - O'NEILL,JOHN F PML CLOUT 42 M LIFECENTER ON THE GREEN

0112:C0051R - 661220 COMP COLL: 01/12/95 UNK RECD: 01/12/95 1210 LIFECENTER ON
ORDERED: CHEM 23 , LIPID PROFILE

	[CHEM 23]				
=>	GLUCOSE	87		mg/dl	(65-115)
=>	BUN	16		mg/dl	(7-23)
=>	CREATININE	1.0		mg/dl	(0.4-1.7)
=>	SODIUM	143		mEq/L	(135-147)
=>	POTASSIUM	5.1		mEq/L	(3.4-5.3)
=>	CHLORIDE	104		mEq/L	(96-108)
=>	CO2	26		mEq/L	(22-32)
=>	LYTE BALANCE	13		mEq/L	(0-16)
=>	URIC ACID	7.0		mg/dl	(4.0-9.0)
=>	CALCIUM	10.2		mg/dl	(8.2-10.5)
=>	PHOSPHOROUS	3.5		mg/dl	(2.6-5.0)
=>	IRON	104		mcg/dl	(42-135)
=>	CHOLESTEROL		213 H	mg/dl	(130-200)
=>	TRIGLYCERIDE	109		mg/dl	(65-250)
=>	BILIRUBIN	0.6		mg/dl	(0.2-1.2)
=>	PROTEIN	8.0		G/dl	(6.0-8.0)
=>	ALBUMIN	5.0		G/dl	(3.5-5.0)
=>	CK	75		U/L	(20-190)
=>	LD	146		U/L	(75-200)
=>	SGOT/AST	32		U/L	(5.0-50.0)
=>	GGT	65		U/L	(0-86)
=>	HDL	35		mg/dl	(30.0-70.0)
=>	HDL RATIO		6.0 H	RATIO	(0-4.5)
=>	% HDL	16		%	
=>	LDL	157		mg/dl	(0-160.0)
=>	VLDL	21		mg/dl	

	DESIRABLE	BORDERLINE	HIGH
CHOL:	UNDER 200	200-240	OVER 240
LDL:	UNDER 130	130-160	OVER 160

GUIDELINES FOR TREATMENT BASED ON CHOLESTEROL AND LDL LEVELS IN ADULTS 20 YEARS OLD AND OVER. (MODIFIED NCEP EXPERT PANEL 1987).

Printed: 01/13/95 0637 O'NEILL,JOHN F For Date: 01/12/95

Direct Phone Number for Lab Information: (312) 907-1003

LABORATORY CONSULTATION

Swedish Covenant Hospital
5145 N. California, Chicago, IL 60625
(312) 878-8200
Fax No. (312) 275-4950

DEPARTMENT OF LABORATORY MEDICINE
J. B. McCormick M.D.
L. E. Dardi M.D.
P. Guariglia M.D.
C. A. Mudd M.D., *Consultant*

PHYSICIANS MEDICAL LABORATORY
PATIENT REPORT for
LIFECENTER ON THE GREEN

3117938 - O'NEILL,JOHN P PML CLOUT 42 M LIFECENTER ON THE GREEN

0112:CI002OR - 661220 COMP COLL: 01/12/95 UNK RECD: 01/12/95 1210 LIFECENTER ON
ORDERED: LOGIC-TSH

** THYROID LOGIC PROFILE **

=> TSH	0.63		uIU/ml	(0.35-6.00)

****
INTERPRETIVE TABLE FOR THYROID LOGIC PROFILE

TSH Normal----------Euthyroid

TSH Low plus:
Free T4 Raised----------Hyperthyroidism
Free T4 Normal, T3 Raised----------T3 Thyrotoxicosis
Free T4 Normal, T3 Normal--Subclinical Hyperthyroidism
Free T4 Low----------Secondary Hypothyroidism

TSH High plus:
Free T4 Low----------Hypothyroidism
Free T4 Normal----------Subclinical Hypothyroidism
Recovery from severe illness
Free T4 Raised----------Secondary Hyperthyroidism

NOTE: There are exceptions to these selected interpretations, especially with hospitalized patients. If results do not correlate with clinical impression futher investigation may be needed.
****

0112:H010SR - 661220 COMP COLL: 01/12/95 UNK RECD: 01/12/95 1210 LIFECENTER ON
ORDERED: CBC

[CBCND]

=> WBC	5.64		1000/uL	(4.50-11.00)
=> RBC	5.10		Mil/uL	(4.50-6.00)
=> HEMOGLOBIN	16.1		G/dl	(14.0-18.0)
=> HEMATOCRIT	49.0		%	(40.0-54.0)
=> MCV		96.0 H	fL	(80.0-94.0)
=> MCH		31.6 H	pg	(27.0-31.0)
=> MCHC	32.9		G/dl	(32.0-36.0)
=> RDW	12.6		%	(11.5-14.5)
=> PLATELET COUNT	392		1000/uL	(130-500)

Printed: 01/13/95 0637 O'NEILL,JOHN P For Date: 01/12/95

Direct Phone Number for Lab Information: (312) 907-1003

LABORATORY CONSULTATION

Swedish Covenant Hospital
5145 N. California, Chicago, IL 60625
(312) 878-8200
Fax No. (312) 275-4950

DEPARTMENT OF LABORATORY MEDICINE
J. B. McCormick M.D.
L. E. Dardi M.D.
P. Guariglia M.D.
C. A. Mudd M.D., *Consultant*

PHYSICIANS MEDICAL LABORATORY
PATIENT REPORT for
LIFECENTER ON THE GREEN

0117938 - O'NEILL,JOHN P PML CLOUT 42 M LIFECENTER ON THE GREEN

0112:H0108R (continued)

[DIFF]

=> NEUT	61.2	%		(40.0-74.0)
=> LYMP	28.0	%		(19.0-48.0)
=> MONO	5.6	%		(3.4-9.0)
=> EO	2.2	%		(0-7)
=> BASO	0.5	%		(0-1.5)
=> LUC	2.5	%		(0-4.0)

0112:U0024R - 661220 COMP COLL: 01/12/95 UNK RECD: 01/12/95 1210 LIFECENTER ON
ORDERED: UA

[UA]

=> COLOR	YELLOW		
=> APPEARANCE	CLEAR		
=> GLUCOSE	NEG		NEGATIVE
=> BILIRUBIN	NEG		NEGATIVE
=> KETONE	NEG		NEGATIVE
=> SPECIFIC GRAVIT	1.030		(1.003-1.035)
=> BLOOD	NEG		NEGATIVE
=> Ph	5.0		(5-8)
=> PROTEIN	NEG		NEGATIVE
=> UROBILINOGEN	0.2	EU/L	(0.0-0.2)
=> NITRITE	NEG		NEGATIVE
=> LEUKOCYTE EST	NEG		NEGATIVE

Printed: 01/13/95 0637 O'NEILL,JOHN P For Date: 01/12/95
Direct Phone Number for Lab Information: (312) 907-1003

** END OF PATIENT REPORT **

NAME: ONEIL JOHN

DATE: 1-12-95

****
VISION
****

WITHOUT CORRECTIVE LENSES

	DISTANT	NEAR
RIGHT	40/20	40/20
LEFT	30/20	30/20

WITH CORRECTIVE LENSES

DISTANT	NEAR
20/20	20/20
20/20	20/20

COLOR: ACCEPTABLE

TONOMETRY: (RIGHT): 20 (LEFT): 19

****

****
HEARING
****

	500	1000	2000	3000	4000	6000	8000
LEFT	10	0	5	20	30	30	35
RIGHT	5	5	10	10	25	25	20

COMMENTS:

LEFT EAR: normal hearing sensitivity to 3KHz, with a mild loss @ higher frequencies

RIGHT EAR: Hearing sensitivity WNL.

RECOMMEND: WEAR HEARING PROTECTION WHEN POSSIBLE

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ALL AUDIOMETRIC THRESHOLDS ARE IN dBHL ACCORDING TO ANSI - 1969 STANDARDS

Galter LifeCenter

eight Management Program: ____
ember Re-test: ____
ested by: ____

ame: JOHN O'NEILL Date: 1/12/95

ge: 42 Height: 6'0½" Weight: 223

in Folds:

Men: Chest 23 Thigh 31 Illium 12 Abdomen 31.5 Tricep 21.5 Scapula 21

Women: Thigh____ Illium____ Abdomen____ Tricep____ Scapula____

Results

ith the skinfold method, we have calculated your body fat to be 24 percent. Based on the upper limit of % for men, and 22% for women, your desirable weight should be 205 lbs. At your present weight, 223 lbs., u are at least 18 lbs. over the desired weight.

__ Congratulations! Your percent body fat is within the desired upper limits. Keep up the good work!

****

ıe body has two basic components: (1) body fat and (2) lean body weight. When the weight of the body fat is btracted from the total body weight, the remaining portion is called lean body weight. Lean body weight includes e skeletal muscle mass, organs, and other tissues such as bone and skin.

ıe recommended upper limit of percent body fat for men is 16 percent, and for women 22 percent. Measurements gher than these limits are associated with obesity, a significant health risk factor frequently associated with pertension, diabetes, coronary artery disease, and other forms of arteriosclerosis.

ıere are three common methods to determine percent body fat: (1) the skin fold method, (2) the hydrostatic or ıder water weighing method, and (3) electrical impedance method.

ıe skinfold method is the simplest and least expensive of the three methods. The hydrostatic weighing method quires a specially-designed water tank and numerous measurements while the subject is submerged in water. The ectrical impedance method is a computerized method that is closely comparable to the other two methods, and is equently reproducible.

OTE: The best way to reduce excessive body fat is to combine a lowfat diet with regular ıdurance-type aerobic exercise. The staff of the Galter LifeCenter will be happy to review your ırrent exercise program with you or refer you to nutritional guidelines.

FD-300 (Rev. 3-20-79)

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (Type or print) O'NEILL (Last) JOHN (First) P. (Middle)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☑ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☑ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☑ Yes ☑ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

_____

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

6-½ — 205-

4. Examinee's frame is ☐ small ☐ medium ☑ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

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_____
Examiner

1-12-95
_____
Date

★ U.S.G.P.O.: 1988-491-509/54778

MEDICAL REPORTS

SA
Personnel File of: O'NEILL, JOHN P

Personnel File No. 67-679605

147-42-1004

510-112 NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
7/2/96	11	10	TD 0.5cc (R) deltoid Comments Hx 4L 4/12 Eg 11/86
			IG 2cc (R) gluteus Amount M630 Exp 1/07/97 LG
9/19/96			Received phone call informing HSU that the Mr. O'Neill will be
	b6 b7C		traveling to Saudi 11/22 → 27, 1996. Will be escorted during entire trip. Large city, ~~no~~ Duration - [redacted] - No need to administer Immune Globulin since conditions @ destination are Environmentally controlled for sanitation - No Shots for Hep A explosure Suggest Hep A + B series upon return. — Kitalien CHN
			IG offered, but not necessary

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO.	WARD NO.

O'NEILL, JOHN P.
147-42-1004

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.20

Michael A. Baindy, Ph.D.
Vice President
Worldwide Quality Assurance

CENTEON™
A Company of Armour and Behring

Centeon
1020 First Avenue
King of Prussia, PA
19406-1310

610 878-4048
610 878-4182 Fax

URGENT WITHDRAWAL NOTICE

June 24, 1996

SUBJECT: IMMUNE GLOBULIN (HUMAN) U.S.P., [GAMMAR®]
Rho(D) IMMUNE GLOBULIN (HUMAN), [GAMULIN®Rh]

Dear Colleague:

Centeon L.L.C. has initiated a voluntary withdrawal of certain lots of its immune globulin products that were manufactured after December 27, 1994. The products being withdrawn bear an Armour Pharmaceutical label. This action is being taken as a precautionary measure in response to the June 13, 1996 letter from the United States Food and Drug Administration (FDA) to all manufacturers of immune globulins for intramuscular administration (Attachment A). In this letter, FDA announced that it recently modified its testing procedure for the detection of Hepatitis C virus ribonucleic acid (HCV-RNA) by Polymerase Chain Reaction (PCR2). Although the FDA states that the new PCR2 test is more sensitive, the FDA also stated that transmission of HCV by products such as Gammar® and Gamulin®Rh **has not** been documented and that available epidemiologic evidence **does not** support such transmissions.

This voluntary withdrawal involves all in-date lots of Gammar® and Gamulin®Rh. **No other Armour products are affected by this notification.**

The product and affected lot numbers subject to this withdrawal are listed in Attachment B.

We request that you inform your customers immediately of this withdrawal. Additionally, we have enclosed a health care provider letter to be disseminated by you to the end user of these products.

Please examine your inventories of Gammar® and Gamulin®Rh. If you have any inventory of Gammar® and Gamulin®Rh lots listed on Attachment B, immediately cease their distribution and use and take the following actions:

- Complete and return the enclosed *postcard* indicating <u>whether or not</u> you have inventory for Gammar® and Gamulin® Rh.

- Complete the *Returned Goods Form.* Use the enclosed *mailing label* and return the completed *Returned Goods Form* and all affected lots of Gammar® and Gamulin®Rh to the following address:

Rhône-Poulenc Rorer (RPR)
Distribution Center
ATTN: Returned Goods Processing
18504 West Creek Drive
Tinley Park IL 60477

Completion of this form will expedite the processing of your credit. Please be advised that customers will be credited for product returned and shipping for only those lot numbers listed in Attachment B. There will be no credit given for returns of any other product you have in your inventory or returned by your customers. If you have any questions concerning product returns, please call 1-800-201-3960.

Please note that this voluntary action by Centeon L.L.C. is being conducted with the knowledge of the U.S. Food and Drug Administration.

Thank you for your cooperation in this matter.

Sincerely,

[redacted]
[redacted] Worldwide Quality Assurance

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MAB/plm

Attachments

[redacted]RT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT	3. IDENTIFICATION NO.
O'NEILL, JOHN P.	SPECIAL AGENT	147-42-1004

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
219 So. Dearborn Rm 905 Chgo. Ill.	ANNUAL	1/12/95

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	C			FBI	CHICAGO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/6/52	On record	On record

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
GALTER LIFE CENTER, 5157 NO. FRANCISCO AVE. CHICAGO, ILLINOIS 60625	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS–GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements nysingmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhyhm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities,etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, Fistular) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☑ RECTAL	✓ Hem.

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

Reviewed by [redacted]
Chicago Office 3/2/95.

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6-7-95
Reviewed by [redacted]

(Continue in item 73).

2/1/95

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

0 2 0 — Restorable Teeth
/ 2 / — Non-restorable teeth
x 2 x — Missing Teeth
x x x / x x x — Replaced by Dentures
(x) / (x) — Fixed Partial dentures

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
6' 1/2"	223	BROWN	HAZEL	☐ SLENDER ☐ MEDIUM ☑ HEAVY ☐ OBESE	98.4

57. BLOOD PRESSURE (Arm at heart level)						58. (Arm at heart level)				
A. SITTING	SYS. 138	B. RECUMBENT	SYS. 128	[redacted] STANDING (5 min.)	SYS. 120	A. SITTING	B. AFTER EXERCISE	[redacted]	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 88		DIAS. 78		DIAS. 80					

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA *(Specify distance)*

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION *(Test used and result)*	65. *DEPTH PERCEPTION (Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
66. FIELD OF VISION		67. NIGHT VISION *(Test used and score)*	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT									
			LEFT									

73 NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

No significant medical or surgical problem since last exam.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

No physical defects found.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*	76. A. PHYSICAL PROFILE					
See Summary sheet.	P	U	L	H	E	S

77. EXAMINEE *(Check)*

A. ☑ IS QUALIFIED FOR full duty.

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN [redacted] M.D. SIG [redacted]

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b7C

80. TYPED OR PRINTED NAME OF PHYSICIAN SIG

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)* SIGNATURE

82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE NUMBER OF ATTACHED SHEETS

*U.S. Government Printing Office: 1991 — 281-782/40135

FITNESS-FOR-DUTY PHYSICAL EXAM CHECKLIST FOR SPECIAL AGENTS/ELECTRONICS TECHNICIANS/AUTOMOTIVE TECHNICIANS

NAME John P. O'Neill FBIHQ/FIELD OFFICE Chicago
POSITION ASAC
D.O.B. 2/6/52 D.O.P. 1/12/95 S.S.N. 147-42-1004

Please place a check mark before each item to ensure completeness of physical. If any items/tests are omitted, obtain results before submitting to FBIHQ. Send a completed FD-277, checklist, and the original physical exam report to the Fitness-for-Duty, Health Care Programs Unit, Room 6344.

REPORT OF MEDICAL HISTORY (SF-88)

✓ Questions 1 through 16 (by employee)
✓ Section 18 through 42 (by physician)
✓ # 48 EKG with interpretation
✓ # 52 Weight
✓ # 57 Blood pressure
✓ # 59 Distant Vision (corr. & uncorr.)
✓ # 61 Near Vision (corr. & uncorr.)
✓ # 64 Color Vision (type & test results)
✓ # 69 Intraocular Tension (IOT)
✓ # 71 Audiometer-(500hz-8000hz)
✓ # 77 (Signed by examiner)

REPORT OF MEDICAL HISTORY (SF-93)

✓ Completed by examinee

FORMS FD-300

✓ Completed & signed by examiner

TESTS DONE BASED ON AN OCCUPATIONAL EXPOSURE

N/A Pulmonary Function Test
N/A Chest x-ray
N/A Blood Lead Level (when specifically requested by FBI for at risk personnel only)

LABORATORY TESTS

✓ Urinalysis
✓ CBC
✓ Blood Chemistry
✓ Thyroid Test T-4
✓ Stool for occult blood (3 slides)

OTHER TESTS

N/A Exercise Stress Test
N/A Spect Thallium or stress echocardiogram
*Give only if abnormal stress test

OPTIONAL INJECTIONS

___ Mantoux T.B. Test (Note results on SF-88 # 50 recommend but not mandatory
___ Hepatitis vaccine (at risk personnel only)
___ Tetanus Diphtheria (only for specific individuals identified by FBI office being served)

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REVIEWED BY [redacted] TITLE: Occupational Health Nurse
DATE: 3/6/95
REVISED 6/6/94

(01/26/1998)

01-31-2000

FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE **Date:** 1/20/2000

To: Director, FBI **Att:** COMPENSATION UNIT, RM 1008

From: SAC, NEWARK
Contact: [redacted] ext. 3100
Approved By: [redacted]
Drafted By: [redacted]

b6
b7C

Case ID #: 020765233

Title: JOHN P ONEILL
SPECIAL AGENT

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

P O BOX 566
NEW YORK NY 10014-0566

NEW YORK DEC 1 '99 NY

U.S. OFFICIAL MAIL
PENALTY FOR PRIVATE USE $300
U.S. POSTAGE ≈ .20 ≈
PITNEY BOWES METER 570056

Official Business
Penalty for Private Use, $300

US DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVSTGTN
GATEWAY ONE MARKET ST
PO BOX 1158
NEWARK NJ 07101

CASE NO: 020765233

EMPLOYEE: J P ONEILL
AGENCY: 1502NK INJURY DATE: 06/01/1992

Form CA-801 Rev 9/92

1-Bureau
1-Newark(67-O'Neill)
1- MJR/qtm
(2)

~~CONFIDENTIAL~~

FILE & MEDICAL FOLDER

FD-277 (Rev. 11-26-85)

MEMORANDUM

DEC 4 1 13 PM '00

To: Director, FBI **Date:** 11/07/2000

From: ADIC, New York

Subject: John O'Neill
Special Agent in Charge
Physical Examination

___ Remylet _____.
___ Rebulet _____.
_x_ Re Physical examination 06/30/2000
___ Dental work was completed on _____
_x_ Vision has been corrected to 20/20 both eyes
Employee specifically instructed on 8/30/2000 by [redacted] RN b6 b7C
that he/she can operate a Bureau car only when wearing the necessary glasses.
___ Results of ___ chest x-ray ___ patch test ___ urinalysis ___ Serology were negative.
___ Enclosed physician's statement indicates employee is:
___ Qualified for strenuous physical exertion and use of Firearms. ___ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ___ Yes ___ No. If answered no, explain under remarks.
___ Future participation in firearms is remote and weapon will be returned to the Bureau.
___ Enclosed are ____ paid ___ unpaid medical bills.
___ Attached are Bureau of Employees' Compensation forms _____
____Time and attendance (T&A) records checked and showed employee was on _____ hours (check one: _____ Continuation of Pay _____ Annual Leave ____ Sick Leave ___ Leave Without Pay) at time employee sustained injury.
(THIS MUST AGREE WITH CA-1). Enclosed is copy of T&A record.
_x_ Physical examination reports are enclosed.
___ Employee is scheduled for physical examination on _____.
_x_ Physical examination report has been reviewed and initialed.
___ Employee returned to active duty _____.
___ Employee's physical condition is _____.
___ UACB he/she is being continued on medical mandate.
___ UACB he/she is being removed from medical mandate.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him/her fully occupied and are sufficient agents available to handle emergency assignments. ___ Yes ___ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

#42

1 - Bureau
1 - New York
Enclosures
AFN:alv

REMARKS:

HT: 6'-½" **WT:** 233 lbs. **FRAME:** **DES:**

PHYSICAL EXAMINATION REFLECTS:

Physical examination reviewed and copy sent to SAC.

Physical reflects normal labs and all labs and EKG within normal limits.

P.P.D. - Negative - "0" mm induration.

P.E. - co-initialed by HSU nurse [redacted] RN.

b6
b7C

MEDICAL RECORD	REPORT OF MEDICAL EXAMINATION	DATE OF EXAM
		6/30/00

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION
O'Neill, John P.	147-42-1004	

4. HOME ADDRESS *(Number, street or RFD, city or town, state and ZIP code)*	5. EMERGENCY CONTACT *(Name and address of contact)*
	b6 b7C

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
2/6/52	48	☐ FEMALE ☑ MALE	

10. PLACE OF BIRTH	11. RACE
Ventnor, NJ	☑ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE	
		a. MILITARY	b. CIVILIAN
FBI	New York Office		30

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS	15. RATING OR SPECIALTY OF EXAMINER
	16. PURPOSE OF EXAMINATION

17. CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP	
✓	B. EARS-GENERAL *(INTERNAL CANALS)* *(Auditory acuity under items 39 and 40)*	
✓	C. DRUMS *(Perforation)*	
✓	D. NOSE	
✓	E. SINUSES	
✓	F. MOUTH AND THROAT	
✓	G. EYES-GENERAL *(Visual acuity and refraction under items 28, 29, and 36)*	
✓	H. OPHTHALMOSCOPIC	
✓	I. PUPILS *(Equality and reaction)*	
✓	J. OCULAR MOTILITY *(Associated parallel movements nystagmus)*	
✓	K. LUNGS AND CHEST	
✓	L. HEART *(Thrust, size, rhythm, sounds)*	
✓	M. VASCULAR SYSTEM *(Varicosities, etc.)*	
✓	N. ABDOMEN AND VISCERA *(Include hernia)*	

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	O. PROSTATE *(Over 40 or clinically indicated)*	
✓	P. TESTICULAR	
✓	Q. ANUS AND RECTUM *(Hemorrhoids, Fistulae) (Hemocult Results)*	
✓	R. ENDOCRINE SYSTEM Guaiac -	
✓	S. G-U SYSTEM	
✓	T. UPPER EXTREMITIES *(Strength, range of motion)*	
	U. FEET	
✓	V. LOWER EXTREMITIES *(Except feet) (Strength, range of motion)*	
✓	W. SPINE, OTHER MUSCULOSKELETAL	
	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	Y. SKIN, LYMPHATICS	
✓	Z. NEUROLOGIC *(Equilibrium tests under item 41)*	
✓	AA. PSYCHIATRIC *(Specify any personality deviation)*	
N/A	BB. BREASTS	
N/A	CC. PELVIC *(Females only)*	

NOTES: *(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)*

18. DENTAL *(Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Restorable Teeth	0	0														
Non-restorable teeth		/	/													
Missing Teeth								X								
Replaced by Dentures									X X X	X X X						
Fixed Partial Dentures															X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NO

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY			B. CHEST X-RAY OR PPD *(Place, date, film number and result)*
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY *(Specify test used and results)*	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED
O'Neill John		

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6' 1/2"	233 lbs	Brown	Hazle	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

26. BLOOD PRESSURE *(Arm at heart level)*

A. SITTING	SYS. 128	B. RECUMBENT	SYS.	C. STANDING (5 mins.)	SYS.	A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
	DIAS. 90		DIAS.		DIAS.	64 R				

27. PULSE *(Arm at heart level)*

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION		
RIGHT 20/30	CORR. TO 20/20	BY	S.	CX	20/30	CORR. TO	BY
LEFT 20/30	CORR. TO 20/20	BY	S.	CX	20/30	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION	33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED ✓
RIGHT LEFT	Ishihara's test 14/14 PASS	Stereo test 40	CORRECTED
35. FIELD OF VISION	**36. NIGHT VISION** *(Test used and score)*	**37. RED LENS TEST**	**38. INTRAOCULAR TENSION**
RIGHT 85° LEFT 85°			RIGHT 18 LEFT 15

39. HEARING

RIGHT WV	/15 SV	/15
LEFT WV	/15 SV	/15

40. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	20	20	10	15	15	15	15	30
LEFT	25	20	15	15	20	30	30	45

41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*

42. NOTES *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY**

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

45A. PHYSICAL PROFILE

P	U	L	H	E	S

45B. PHYSICAL CATEGORY

A	B	C	E

46. EXAMINEE *(Check)*

A. ☒ IS QUALIFIED FOR Full Duty

B. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED [redacted] SIGNATURE [redacted] MD b6 b7C

49. TYPED OR PRINTED SIGNATURE

50. TYPED OR PRINTED ch) SIGNATURE

AFFILIATED PHYSICIANS
5 WORLD TRADE CTR SUITE 367
NEW YORK, NY 10048-0997
(212) 775-1218

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE

NO. OF ATTACHED SHEETS:

MEDICAL RECORD	REPORT OF MEDICAL HISTO	DATE OF EXAM
		6/30/00

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT *(Last, first, middle)*	2. IDENTIFICATION NUMBER	3. GRADE
O'Neill, John P.	147-42-1004	SES 5

4a. HOME STREET ADDRESS *(Street or RFD; City or Town; State; and ZIP Code)*

4b. CITY	4c. STATE	4d. ZIP CODE

5. EXAMINING FACILITY
Affiliated Physicians
New York City

6. PURPOSE OF EXAMINATION
Annual Physical

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Use additional pages if necessary)*

a. PRESENT HEALTH
Good

b. CURRENT MEDICATION	REGULAR OR INTERM.
Vitin C	Daily

c. ALLERGIES *(Include insect bites/stings and common foods)*
N/A

d. HEIGHT
6'0"

e. WEIGHT
226

8. PATIENT'S OCCUPATION
FBI

9. ARE YOU *(Check one)*
☐ RIGHT HANDED ☑ LEFT HANDED

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis		✓	
Tuberculosis or positive TB test		✓	
Blood in sputum or when coughing		✓	
Excessive bleeding after injury or dental work		✓	
Suicide attempt or plans		✓	
Sleepwalking		✓	
Wear corrective lenses	✓		
Eye surgery to correct vision		✓	
Lack vision in either eye		✓	
Wear a hearing aid		✓	
Stutter or stammer		✓	
Wear a brace or back support		✓	
Scarlet fever		✓	
Rheumatic fever		✓	
Swollen or painful joints		✓	
Frequent or severe headaches		✓	
Dizziness or fainting spells		✓	
Eye trouble		✓	
Hearing loss		✓	
Recurrent ear infections		✓	
Chronic or frequent colds		✓	
Severe tooth or gum trouble		✓	
Sinusitis		✓	
Hay fever or allergic rhinitis		✓	
Head injury		✓	
Asthma		✓	

CHECK EACH ITEM	YES	NO	DON'T KNOW
Shortness of breath		✓	
Pain or pressure in chest		✓	
Chronic cough		✓	
Palpitation or pounding heart		✓	
Heart trouble		✓	
High or low blood pressure		✓	
Cramps in your legs		✓	
Frequent indigestion		✓	
Stomach, liver or intestinal		✓	
Gall bladder trouble or gallstones		✓	
Jaundice or hepatitis		✓	
Broken bones		✓	
Adverse reaction to medication		✓	
Skin diseases		✓	
Tumor, growth, cyst, cancer		✓	
Hernia		✓	
Hemorrhoids or rectal disease		✓	
Frequent or painful urination		✓	
Bed wetting since age 12		✓	
Kidney stone or blood in urine		✓	
Sugar or albumin in urine		✓	
Sexually transmitted diseases		✓	
Recent gain or loss of weight		✓	
Eating disorder (anorexia bulimia, etc.)		✓	
Arthritis, Rheumatism, or Bursitis		✓	
Thyroid trouble or goiter		✓	

CHECK EACH ITEM	YES	NO	DON'T KNOW
Bone, joint or other deformity		✓	
Loss of finger or toe		✓	
Painful or "trick" shoulder or elbow		✓	
Recurrent back pain or any back injury (Recent)	✓		
"Trick" or locked knee		✓	
Foot trouble		✓	
Nerve injury		✓	
Paralysis *(including infantile)*		✓	
Epilepsy or seizure		✓	
Car, train, sea or air sickness		✓	
Frequent trouble sleeping		✓	
Depression or excessive worry		✓	
Loss of memory or amnesia		✓	
Nervous trouble of any sort		✓	
Periods of unconsciousness		✓	
Parent/sibling with diabetes, cancer, stroke or heart disease		✓	
X-ray or other radiation therapy		✓	
Chemotherapy		✓	
Asbestos or toxic chemical exposure		✓	
Plate, pin or rod in any bone		✓	
Easy fatigability		✓	
Been told to cut down or criticized for alcohol use		✓	
Used illegal substances		✓	
Used tobacco		✓	

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		✓
b. Inability to perform certain motions.		✓
c. Inability to assume certain positions.		✓
d. Other medical reasons *(If yes, give reasons.)*		✓
13. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details.)*		✓
14. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		✓
15. Have you had, or have you been advised to have, any operation. *(If yes, describe and give age at which occurred.)*	✓	
16. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*	✓	✓
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*		✓
18. Have you ever been rejected for military service because of physical, mental, or other reasons? *(If yes, give date and reason for rejection.)*		✓
19. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*		✓
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when,*		✓
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations. *(If yes, provide details.)*		✓
22. Have you ever been diagnosed with a learning disability? *(If yes, give type, where, and how diagnosed.)*		✓

15. Tonsils age 6
appendectomy, Age 10

16. DeWitt Reed Hospital, Ventnor, NJ, 1958, Tonsils
[redacted]
AT Lantic City Medical Center, Atlantic City NJ 1962. Appendix
[redacted]

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23. LIST ALL IMMUNIZATIONS RECEIVED
✓ (See attached)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
JOHN P. O'NEILL	John P. O'Neill	6/30/00

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in Items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.*)

(1) Tonsils removed age 6
(2) AP removed age 10
(3) lower Back pain after Golf game

b6
b7C

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NEW YORK, NY 10048-099
(212) 775-1218

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER			26c. DATE
		MD	6/30/00

93-104

STANDARD FORM 93 (REV. 6-96) BACK

FD-300 (Rev. 3-20-79)

Age 48

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee (*Type or print*) O'Neill (*Last*) John (*First*) P. (*Middle*)

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

_____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

_____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

_____

_____

FBI/DOJ

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

b6
b7C

MD

AFFILIATED PHY
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NEW YORK, NY 10048-0997
(212) 775-1218

6/30/00
Date

FITNESS-FOR-DUTY PHYSICAL EXAM CHECKLIST FOR SPECIAL AGENTS/ELECTRONICS TECHNICIANS/AUTOMOTIVE TECHNICIANS

NAME John P O'Neill **FBIHQ/FIELD OFFICE** NY0
POSITION SAC
D.O.B. 2/6/1958 **D.O.P.** _____ **S.S.N.** _____

Please place a check mark before each item to ensure completeness of physical. If any items/tests are omitted, obtain results more submitting to FBIHQ. Send a completed FD-277, checklist, and the original physical exam report to the Fitness-for-Duty, Health Care Programs Unit, Room 6344.

REPORT OF MEDICAL HISTORY (SF-88)

- ✓ Questions 1 through 16 (by employee)
- ✓ Section 18 through 44 (by physician)
- ✓ # 19 EKG with interpretation
- ✓ # 20 Height
- ✓ # 21 Weight
- ✓ # 26 Blood Pressure
- ✓ # 28 Distant Vision (corr. & uncorr.)
- ✓ # 30 Near Vision (corr. & uncorr.)
- ✓ # 33 Color Vision (type & test results)
- ✓ # 38 Intraocular Tension (IOT)
- ✓ # 40 Audiometer - (500hz-800hz
- ✓ # 48 (Signed by examiner)

REPORT OF MEDICAL HISTORY (SF-93)

- ✓ Completed by examinee

FORM FD-300

- ✓ Completed & signed by examiner

TESTS DONE BASED ON AN OCCUPATIONAL EXPOSURE

- ____ Pulmonary Function Test
- ____ Chest x-ray
- ____ Blood Lead Level (when specifically requested by FBI for at risk Personnel only)

LABORATORY TESTS

- ✓ Urinalysis
- ✓ CBC
- ✓ Blood Chemistry
- ✓ Thyroid Test T-4
- ____ Stool for occult blood (3 slides)

OTHER TESTS

- ____ Exercise Stress Test
- ____ Spect Thallium or stress echocardiogram

*Give only if abnormal stress test

OPTIONAL INJECTIONS

- ✓ Mantoux T.B. Test (Note results on SF-88 # 19 recommend but not mandatory
- ____ Hepatitis vaccine (at risk personnel only)
- ____ Tetanus Diphtheria (only for specific individuals identified by FBI office being served)

b6 b7C **REVIEWED BY:** [redacted] **TITLE:** Employee Relations Clerk
DATE: July 18, 2000
REVISED: 7/14/98

U.S. Department of Justice

Federal Bureau of Investigation

P P D S K I N T E S T I N G

O'Neill — LAST NAME; John P. — FIRST NAME; **AGE:** 48

STREET — APT/FLOOR — CITY — STATE — ZIP

HOME PHONE: _____ **WORK PHONE:** 212-384-2870

EMPLOYER: FBI

1. Do you have a history of positive PPD skin reaction?	[ ] Yes	[✓] No
2. Do you have a history of tuberculosis?	[ ] Yes	[✓] No
3. For women: Are you pregnant?	[ ] Yes	[ ] No
4. Have you had a flu shot within the last six weeks?	[ ] Yes	[✓] No
5. In which country were you born?	USA	

I consent to have the PPD (tuberculosis skin test).

J. R O'Neill — Signature — 6/28/10 — Date

DATE GIVEN PPD 5TU: 6/28/10 [X] RT FOREARM [ ] LT FOREARM

NURSE SIGNATURE: _____, R.N.

DATE RESULTS: 6/30/10

[X] NEGATIVE [ ] POSITIVE 0 mm induration

Nurse _____, R.N.

b6
b7C

Those with positive skin test results will be referred to a physician and will need a chest x-ray.

INTERVAL MEDICAL HISTORY

John R [redacted] Bill

Patient Name

[redacted] 1/30/00

Exam Date

Home Address

FBI

~~John R [redacted] Bell~~

Employer Name

City State Zip

(212) 384-2870

Daytime Phone

1. *Has there been a significant change in your health since your last examination? If "Yes," please explain:*

NO

2. *Do you have any current medical concerns or questions you would like to discuss with the doctor? If "Yes," please describe:*

pain in Lower Back

Current Medications: N/A

Allergies: None

Tobacco use:

✓ Never ___ Quit in _____ ___ Smoke _____ per (day/week/month)

Alcohol use:

___ Never ___ Rarely ✓ Social Use 2 drinks per day

Exercise:

___ Never ___ Occasional ✓ Weekends ___ Regularly ___ times per week

Women:

Date Last Period:_____ Any gynecologic problems:_____

[redacted]

PHYSICAL CAPACITIES FORM

Dear Doctor: Employee's name: _____

Based upon your examination of the client, please check all items where there is a restriction regarding his/her medical condition.

__✓__ No restrictions/limitations - employee is medically capable of performing the duties of his/her job. <u>The physician must provide documentation regarding medical clearance</u>.

____ No lifting/carrying 0-20 lbs.

____ No lifting/carrying 20-50 lbs.

____ No lifting/carrying 50-100 lbs.

____ No sitting for long periods of time.

____ No standing for long periods of time.

____ No pushing/pulling, including push-ups and pull-ups.

____ No climbing ladders, poles, etc.

____ No jumping

____ No defensive tactics

____ No kneeling, bending, or twisting

____ No stretching or working above shoulder

____ No running

____ No operating a motor vehicle

____ No simple grasping

____ No firearms

____ No assignments in altitudes over 7,000 ft.

____ No participation in raids/arrests or any undercover surveillance activities, or reactive squad duty.

____ No direct assignments or duties that are expected to require the use of firearms.

____ Current medications _____

____ Comments _____

b6
b7C

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NEW YORK, NY 10048-0997
(212) 775-1218

AFFILIATED PHYSICIANS
Execumed Medical Services, P.C.

5 World Trade Center
Suite 367
New York, N.Y. 10048-0997
Tel (212) 775-1218
Fax (212) 432-0926

18 East 48th Street
2nd Floor
New York, N.Y. 10017
Tel (212) 935-8725
Fax (212) 935-8854

O'Neill | [redacted] | [redacted] | [redacted]
Last Name | First name | DOB | SS #

[redacted] | [redacted]
Home Address | Home Phone

[redacted] | [redacted]
Company Name & Address | Business Phone

3814
Chart #

b6
b7C

DATE	HISTORY AND PROGRESS NOTES

WALK-IN

DATE 7/15/99 TIME

AGE C.C.

MANUF: Connaught
LOT #: P1382-2
DATE: 7/15/99
NAME: Typhim Vi

[redacted]

MANUF: Connaught
LOT #: P1212
DATE: 7/15/99
NAME: Inactivated Polio

[redacted]

MANUF: Connaught
LOT #: 7345AA
DATE: 7/15/99
NAME: T/D

[redacted]

MANUF: Connaught
LOT #: 7411AA
DATE: 7/15/99
NAME: Yellow Fever

F-107

Med Rec # ______________________ Patient Name: ______________________

DATE	HISTORY AND PROGRESS NOTES
MANUF: Connaught	88 (L) am- [redacted]
LOT #: 6725AA	
DATE: 7/15/99	
NAME: Menomune	

b6
b7C

O'Neill, John

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres vaccinations/prophylaxies reçues

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.)

b6
b7C

Date	Vaccine/prophylactic drug Vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
7/15/99	TD	.5	
7/15/99	Measmune	.5	
7/15/99	Typhim Vi	.5	
7/15/99	Inactivated Polio	.5	
7/15/99	Hep A #1	1 cc	
7/15/99	Hep B #1	1 cc	
1/20/10	Hep A #2	1 cc	
4/4/10	Hep B #2	1 cc	
6/28/10	Hep B #3	1 cc	

MEDICATIONS TAKEN REGULARLY (e.g., insulin, digitalis)
Médicaments pris régulièrement (par ex., insuline, digitale)

Health problem – Problème de santé	Generic and trade names of medication – Noms génériques et commerciaux du médicament	Medication dosage – Dosage du médicament	Physician's remarks – Remarques du médecin	Physician's signature – Signature du médecin

IMMUNIZATION INFORMATION SHEET

DATE 7 / 15 / 99

NAME John P. O'Neill

HOME ADDRESS 26 Federal Plaza

ADDRESS APARTMENT NO.

NY NY

CITY STATE ZIP

SS# 147-42-1004 DATE OF BIRTH 02 / 06 / 52

HOME PHONE (212) 384-2870 BUSINESS PHONE ( ) -

DEPARTURE DATE 7 / 20 / 99 LENGTH OF STAY 10 days

DESTINATION Dar Es Salaam TANZANIA & Nairobi, Kenya

ARE YOU PREGNANT? Y[ ] N[ ] NA ALLERGIES None

CURRENT MEDICAL CONDITIONS: Excellent

For Official Use Only:

[ ] Cholera	[✓] Menomune	[✓] Tetanus/Diphtheria
[ ] Gamma Globulin	[ ] MMR	[✓] Typhoid-Injectable
[ ] Hepatitis B	[ ] Mumps	[ ] Typhoid-Oral
[ ] Hepatitis A	[✓] Polio-Inactivated	[✓] Yellow Fever
[ ] Measles	[ ] Rubella	

I am requesting the above stated vaccinations from Affiliated Physicians. I understand that if I have any of the following conditions, I will notify the nurse for discussion prior to being vaccinated:

Immune Deficiency, i.e.: HIV, Cancer, currently pregnant or planning pregnancy, other recent or future vaccinations.

Most common side effects associated with vaccinations include tenderness and swelling at injection site, low grade fever, joint aches. This should subside within 2-3 days. Rare allergic reactions can occur.

X J P O'Neill

Signature

c:\wp51\jw\ref\imuninfo.frm 9/9/96

AFFILIATED PHYSICIANS

5 World Trade Center, Suite 367 New York , N.Y. 10048-0997 • Tel (212) 775-1218 • Fax (212) 432-0926

July 10, 2000

Mr. John P. O'Neill

Dear Mr. O'Neill:

We were pleased that you chose Affiliated Physicians for your physical examination performed on June 30, 2000. We have enclosed full results of all testing from that date.

Your medical history, physical examination, and all laboratory and other tests were normal. Congratulations. I have no specific recommendations other than to continue your good health habits and to follow up routinely as needed.

Please review your physical examination report carefully and discuss it as needed with your private physician. If you do not have a private physician, you may call us so that we can arrange follow-up care at our facility.

Thank you for giving us this opportunity to perform your health evaluation. We look forward to seeing you at your next scheduled physical examination or whenever you have need for general or specialist medical care.

Sincerely

[redacted]

M.D.

KD:jg

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b7C

PHYSICAL EXAMINATION

NAME	Mr. John P. O'Neill
DATE OF EXAMINATION	6/30/00
VITAL SIGNS	HEIGHT: 6' ½" WEIGHT: 233 lbs. BP: 128/90 PULSE: 64 and regular
FAR VISION	RT: 20/30 LT: 20/30 w/o correction RT: 20/20 LT: 20/20 w/correction Normal vision in both eyes with correction.
NEAR VISION	RT: 20/20 LT: 20/30 w/o correction Normal vision in both eyes with correction.
GLAUCOMA	RT: 18 LT: 15 Normal
COLOR TEST	Pass
DEPTH PERCEPTION	40 seconds of arc.
HEARING TEST	Normal
EKG	Normal
OCCULT BLOOD	No slides submitted
RECTAL EXAM	Guaiac negative
PROSTATE	Normal
URINALYSIS	Normal
CHOLESTEROL	Total cholesterol = 200 (normal).
BLOOD STUDIES	Normal
CURRENT MEDICATIONS	None
EXERCISE	On weekends
ALCOHOL	Socially, two drinks a day.
SMOKING	Never

AMERICAN MEDICAL LABORATORIES, INC.®
P.O. Box 10841 • 14225 Newbrook Drive
Chantilly, VA 20153-0841
Telephone: (703) 802-6900 • (800) 336-3718

ONEILL, JOHN 50177963/0 (ADULT ASSUMED) MALE
Page 1 From Chantilly FOR X
COLLECTED: 06/30/2000 30953 AFFILIATED PHYSICIANS
RECEIVED: 07/03/2000 C/O WOHA-FBI PROJECT
REPORTED: 07/05/2000 5 WORLD TRADE CENTER #367
2000/ 0/ 30953/ 0/33086940 NEW YORK NY 10048
SAMPLE DATA:SS#147421004

TESTS	RESULTS	FLAG	REF. RANGE	UNITS
7328/Chantilly				
Health Profile #353				
CBC with Differential				
RBC VALUES				
ERYTHROCYTE COUNT	4.81		4.00-5.60	x10^12/L
HEMOGLOBIN	16.2		12.4-17.23	g/dL
HEMATOCRIT	48.8		37.0-50.0	%
MCV	101.5	H	81.0-98.0	fL
MCH	33.7		23.0-34.6	pg
MCHC	33.2		31.0-37.0	%
RDW	14.0		11.0-15.5	%
WBC TOTAL AND DIFF				
WBC TOTAL	5.90		4.00-10.60	x10^9/L
WBC PERCENT COUNTS				
NEUTROPHILS	61.1		50.0-75.0	%
LYMPHOCYTES	30.8		20.0-45.0	%
MONOCYTES	2.0		0.0-12.0	%
EOSINOPHILS	5.4	H	0.0-5.0	%
BASOPHILS	0.7		0.0-3.0	%
WBC DIFF ABSOLUTES				
NEUTROPHILS	3.60		1.80-7.00	x10^9/L
LYMPHOCYTES	1.80		1.00-4.00	x10^9/L
MONOCYTES	0.10		0.10-0.80	x10^9/L
EOSINOPHILS	0.30		0.00-0.40	x10^9/L
ADDITIONAL FINDINGS				
PLATELET COUNT	313		140-440	x10^9/L
MACROCYTOSIS	SLIGHT			
DECOMPOSED WBC'S	* MODERATE			

PROFILE CONTINUED ON NEXT PAGE...

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Age and sex dependent reference ranges are printed when available if age and sex are designated. Otherwise, adult values are given.
167086 R 1/00

[ ] M.D.
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SAMPLE DATA:SS#147421004

TESTS	RESULTS-FLAG	REF. RANGE	UNITS
7328/Chantilly			
Health Profile #353 (CONTINUATION)			
Urine with Microscopic			
Routine Urinalysis			
Color	YELLOW	YELLOW	
Appearance	CLEAR		
Specific Gravity	1.018	1.001-1.035	
pH	5.0	5.0-8.0	
Leukocyte Esterase	NEG	NEG	
Protein	NEG	NEG	
Glucose	NEG	NEG	
Ketones	NEG	NEG	
Bilirubin	NEG	NEG	
Occult Blood	NEG	NEG	
Nitrite	NEG	NEG	
Microscopic Urinalysis			
WBC	0	0-4	/hpf
RBC	0	0-4	/hpf
Squamous Epith. Cells	NONE		
Bacteria	NONE		

PROFILE CONTINUED ON NEXT PAGE...

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TESTS	RESULTS	FLAG	REF. RANGE	UNITS
7328/Chantilly				
Health Profile #353 (CONTINUATION)				
Chemistry-24				
Calcium	9.3		8.4-10.2	mg/dL
Ionized Ca, Calculated	4.0		3.6-4.6	mg/dL
Phosphorus	4.1		2.1-4.5	mg/dL
Glucose	72		70-109	mg/dL
Uric Acid	6.9		3.1-8.8	mg/dL
Urea Nitrogen (BUN)	17		7-26	mg/dL
Creatinine	0.9		0.7-1.3	mg/dL
Creatinine/BUN Ratio	0.05		0.03-0.12	
Total Protein	7.3		6.0-8.1	g/dL
Albumin	4.5		3.6-5.5	g/dL
Globulin	2.8		1.6-3.5	g/dL
A/G Ratio	1.6		1.0-2.9	
Total Bilirubin	0.5		0.2-1.4	mg/dL
ALT (SGPT)	32		0-50	U/L
ALP (Alk. P'tase)	85		30-125	U/L
LD (LDH)	165		110-260	U/L
AST (SGOT)	19		10-50	U/L
GGT	36		11-52	U/L
Sodium	141		133-145	mEq/L
Potassium	5.1		3.2-5.7	mEq/L
Chloride	104		96-112	mEq/L
Carbon Dioxide	22		20-30	mEq/L
Triglycerides	155		25-175	mg/dL
Cholesterol	200	H	<200	mg/dL

PROFILE CONTINUED ON NEXT PAGE...

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TESTS	RESULTS	FLAG	REF. RANGE	UNITS
7328/Chantilly				
Health Profile #353 (CONTINUATION)				
Coronary Risk Profile				
Triglycerides	155		25-175	mg/dL
Cholesterol	200	H	<200	mg/dL
HDL-Cholesterol	40		35-60	mg/dL
T. Chol./HDL-Chol. Ratio	5.00			
VLDL-Chol. Estimated	31		8-32	mg/dL
LDL-Chol. Estimated	129		<130	mg/dL

****
* RISK OF CORONARY HEART DISEASE *
*
* TOTAL CHOL./HDL-CHOL. RATIO *
* MEN WOMEN *
* ---------- ---------- *
* 1/2 average risk 3.4 3.4 *
* average risk 5.0 4.4 *
* 2 times average risk 9.6 7.1 *
* 3 times average risk 23.4 11.0 *
*
****

Reference ranges for HDL-cholesterol are valid only for persons age 16 and above.

T4	7.4	4.0-10.8	ug/dL
1111/Chantilly			
G-6-Phosphate Dehydrogenase	8.5	4.6-13.5	U/g Hgb
10542/Chantilly			
Prostate Specific Antigen	1.1	<4.0	ng/mL

*** FINAL REPORT ***

[P 10249]-[S 27551] Printed 14:55:19 05 JUL 2000

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Director of Laboratories

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[redacted] M.D.
DIRECTOR OF LABORATORIES

AFFILIATED PHYSICIANS
Executmed Medical Services, P.C.

5 World Trade Center
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Fax (212) 432-0926

18 East 48th Street
2nd Floor
New York, N.Y. 10017
Tel (212) 935-8725
Fax (212) 935-8854

O'neill John
Last Name name DOB SS #

Home Address Home Phone

Company Name & Address Business Phone

Chart #

DATE	HISTORY AND PROGRESS NOTES
	AMBCO 2500 Serial# 2710 Calibration Date 03/01/00 by:manny. Calibration Due Date 03/01/01 Test :000 Date 06/30/00 Time 07:10 SS# 000000000 Job ID:3784 Patient O'neill John Frequency Left Right 250 Hz 25 500 Hz 20 1000 Hz 15 2000 Hz 15 3000 Hz 20 4000 Hz 30 6000 Hz 30 8000 Hz 45 Examiner_____
	AMBCO 2500 Serial# 2710 Calibration Date 03/01/00 by:manny. Calibration Due Date 03/01/01 Test :001 Date 06/30/00 Time 07:20 SS# 000000000 Job ID:3784 Patient O'neill John Right Frequency ~~Left~~ Right 250 Hz 20 500 Hz 20 1000 Hz 15 2000 Hz 15 3000 Hz 15 4000 Hz 15 6000 Hz 15 8000 Hz 30 Examiner_____

Name: ONEILL, JOHN
ID :
Date: 06/30/00 Time:07:13

HR: 064

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Speed: 25 mm/s Freq: 60 .05 - 30Hz
Gain - Limb 10 Chest 10 mm/mv

LE Rev.1.56